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THE IMPACT OF ETHNIC IDENTITY ON NURSING HOME PLACEMENT AMONG POLISH OLDER ADULTS

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ABSTRACT

An exploratory, qualitative study on the experiences of Polish older adults who made a transition from independent living to an ethno-specific residential care facility in Toronto is presented. Using the framework of Continuity Theory of Aging, the impact of ethnic/cultural identity on the process of relocation and subsequent adjustment to a nursing home environment was investigated. A purposive sampling strategy was used to select 2 male and 4 female participants. The data was collected using long interviews that were tape recorded and transcribed verbatim. The findings of this study indicate that the subjects employed specific coping strategies that stem from traditional value orientation and life experiences hence suggesting that ethnic/cultural identity may have played a role in their successful adaptation to residential care setting. Although this research study is limited to one group of older adults and cannot be generalized to other ethnic groups, it has a potential to contribute to increasing the body of knowledge about the dynamics of residential care placement among ethnic minority seniors. Implications for social work policy, research and practice are discussed.

ABSTRACTION

Une etude qualitative et exploratoire des personnes agees du milieu polonais qui furent la transition reussie de la vie independante a la vie dans une maison de retraite de caractere ethnique. En utilisant la Theorie Continuelle de Vieillir, on a etudie l'importance de l'identite ethnique dans le proces de la relocation des sujets et leur ajustement a l'environnement de la maison de retraite. La strategie de l'echantillon intentionnel fut utilisee pour selectionner de deux hommes et quatre femmes. Les donnees furent collectionner a travers de longues entrevues, enregistrees et ensuite transcrites. Les resultats de cette etude indiquerent que les sujets employerent des strategies d'ajustement provenant de leur experience personnelle et du system de valeur, traditionnel a leur milieu culturel. On conclude que dans le succes de l'adaptation des sujets a la residence organisee, l'identite ethnique specifique et elle ne devrait pas etre generalisee. Cependant, elle a un potentiel de contribuer a la meilleure connaissance de la dynamique des maisons de vieillesse du caractere ethnique. L'implication de ce sujet pour le developpement de la politique de l'assistance, la recherche et la practique fut discutee.

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Chapter I
INTRODUCTION

Every group of people that considers itself unique by virtue of geographical boundaries, shared physical characteristics, common history, or language, develops over time a distinct world view that attempts to organize the universe into a cohesive comprehensive vision of reality. Culture is a medium through which this world view is conceptualized into a set of symbols, beliefs, values, and practices that the group members learn to use to ensure their well-being. These common beliefs and values provide consistency and predictability for the group members in everyday social interactions and in times of personal or global crises. They create a distinct philosophy that can be used to derive meaning and purpose in life and provide the group members with a framework for normative expectations. We learn to see and interpret our environment through the lens of culture. The meanings that we attach to everyday life events are based on the culture-bound values by which we define our experiences and perceptions. Culture is also the medium through which we express our individuality. Much of what we believe, think, and do, both consciously and unconsciously, is determined by our cultural background. Culture also provides a framework for human social relationships by assuring people a valued place in their social network and reinforcing their sense of belonging. Cultural norms and beliefs play an important role in times of crisis, helping us to understand and cope with events that appear to be uncontrollable and unpredictable. In essence, culture is an integral and enduring part of our identity (Padilla and Kagawa-Singer, 2000).

The main purpose of this study is to find out how culture impacts on the adjustment to changed life circumstances, brought about by a placement in a nursing home, among Polish seniors residing in one of Toronto's long term care facilities. Relocation to a residential care setting is arguably one of the most difficult challenges of later life. A prospect of long-term care placement is often ridden with fear and anxiety (Lee, Woo, and MacKenzie 2002; Rehfeldt, Steel, and Dixon, 2000; Magnon and Rantz, 1995). Such transition involves multiple losses of familiar environment and roles, autonomy, independence and, often, privacy (Iwasiw, Goldenberg, MacMaster, McCutcheon, and Bol, 1996). At the time of life when capacity for coping may be

diminishing, one has to adapt to a new life style, social networks, customs and food, as well as learn and adhere to a new set of rules and regulations of a congregate environment. This transition often leads to feelings of frustration, anger, hopelessness, isolation, despair, decreased self-esteem and depression (Ames, 1997). There is evidence to suggest that cultural identity may play a role in the process of relocation and subsequent adjustment to life in a nursing home. Recently scholars have begun to pay closer attention to the needs of ethnic minority older adults in residential care settings (Groger, 2002; Hikoyeda, and Wallace, 2001; Lee et al., 2002; Sasson, 2001a; Sasson, 2001b; Kahana, Kahana, Sterin, Fedriko, and Taylor, 1993).

Research question

There is a growing recognition that culture and experience provide expectations that may shape the process of aging. The purpose of this study is to find out to what extent these expectations of oneself and others, of old age in general and the status of older people in particular are shaped by cultural values, beliefs and norms, by childhood socialization and the memories of aging parents and grandparents and to what extent social changes, particularly those that resulted from the migration to a new culture, affect these expectations. Given that the literature has only recently begun to link ethnic and cultural factors and their impact on the process of relocation and adjustment to a nursing home, the objective of this research is to describe the experience of Polish older adults as they make a transition from independent living to an institutional care setting. Informed by the Continuity Theory of Aging, this study examines social constructs that have influenced and shaped the participants' perception of their experience. The following research questions will form the analytical core of the study: "What is the impact of ethnic identity on the process of relocation and adjustment to a residential care facility among Polish older adults in Toronto" and more specifically: "How do cultural values and personal history affect the ways in which Polish seniors give meaning to their experience of a nursing home placement."

Culture vs. ethnicity

Concept of ethnicity is central to the focus of this study. According to Driedger and Chappell (1987) "an ethnic group consists of those who perceive themselves as being alike by virtue of their common ancestry, real or factitious, and who are so regarded by

others" (p. 2). Like culture, ethnicity provides a framework for constructing identity, resources for developing behavioral strategies, and means for negotiating differences in interpersonal relationships. An ethnic group exercises a collective will to build a sense of belonging to "peoplehood", thus fostering a sense of distinct ethnic identity. Ethnic identity is not based on objective differences but rather on subjective perceptions of differences among groups (Blakemore and Boneham, 1994). Ethnic identity is often self-identified and as such, is subject to individual choice. Essential elements of ethnic identity include culture, religion, beliefs, and values. Although ethnicity may be understood as a broader concept that encompasses culture, both terms are often considered synonyms. In this work the concepts of ethnicity and culture will be used interchangeably.

Cultural identity is sensitive to historic, social, personal, and developmental events. It is not fixed but rather evolves and changes over time depending on circumstances. The expression of cultural identity takes on a new meaning in the context of migration where the familiar structures of the home culture have to be modified to fit the new conditions of the dominant society. Carmel (2001) argues that immigration creates a state of anomie- a condition in which appropriate social norms for efficient functioning, including language- the basic tool of communication, are often unavailable, inadequate or inappropriate under the new circumstances. Those who immigrate to another country may find socialization into the dominant culture to be an extremely difficult and painful process. In the constant effort to accommodate the prescriptions of two cultures, they often find their loyalty divided between the two divergent modes of life. The process of acculturation is in itself stressful and anxiety-provoking and, in fact, may not be accomplished within the first or even second generation (Spector, 2000). There is a considerable debate whether the ethnic/cultural loyalties subjected to prolonged acculturation fade over the course of life or are retained and even strengthened and more critical in the later stages of life (Blakemore and Boneham, 1994). The central question of this study is: do culture-bound values, norms and expectations about aging influence the decisions and adjustments individuals make in response to changing circumstances of late adulthood? If so, to what extent.

Theoretical framework

Continuity Theory provides a useful framework for understanding the unique ways in which culture impacts on the process of aging (Atchley, 1999). In an effort to organize and interpret their life experiences, people early on develop specific mental frameworks or definitions of their identities, personal goals, belief systems, lifestyles and social relationships. To a large extent, these individual frameworks reflect the value system prevailing in the broader social environment. This unique vision of one's self and one's relationship with the world is maintained throughout the life cycle. The individual pattern of thought may be adapted to changing circumstances and influenced by new experiences but the core values and preferences remain fairly stable over the course of life (Atchley, 1999). Continuity thus understood serves as an adaptive mechanism; an individual draws upon the internal resources established in the past in order to give meaning to their present circumstances.

There are two aspects of continuity in individual's life: internal and external. Internal continuity refers to efforts at "preserving some aspects of oneself from the past so that the past is sustaining and supporting one's new self" (Cavanaugh, 1999, p. 23). Internal continuity is defined as a "sense of personal history". The concept of "personal history" is essential to a sense of integrity, mastery, competence, and self-esteem (Atchley, 1989, p.185). The sense of "personal history", once formed, tends to be resilient and aids individuals in reinterpreting and evaluating new experiences. Reinterpretation is an important adaptive process through which individuals "create coherent pictures of the past and link the past to a purposeful, integrated present" (Atchley, 1989, p.187). External continuity is conceptualized in terms of social networks, familiar physical environments, social relationships, and activities. To the extent that the external continuity is maintained, it enhances a sense of belonging and addresses a need for social support. It is also an important means of coping with physical and mental changes that accompany aging (Atchley, 1989). Both internal and external continuity are effective coping mechanisms and important factors in overall satisfaction in later life. (Atchley, 1999; Cavanaugh, 1999; Atchley, 1989)

Ethnicity and aging

Ethnic/cultural identity offers elements of continuity throughout the life cycle. There is a sizable literature that argues that ethno-cultural features may play a crucial role in emotional adjustments and have a protective effect on older adults facing the challenges of aging process (Brotman, 2002; Fry,2000; Keefe, Rosenthal, and Beland, 2000; Giordano, 1992;). Ethnic minorities tend to adhere to more traditional values that emphasize reverence to older members of the society, strong norms of filial obligation and intergenerational mutual help (Keefe et al., 2000; White-Means and Thornton, 1990). Families and community support networks are larger and play a more important role in the lives of ethnic minority older adults as compared to their indigenous counterparts (Carrafa, Schultz, and Smyrnios, 1997). Cultural rituals promote group cohesion and provide important social roles that may ease adjustments in later life (Sassy, 2001a). As an older adult encounters repeated multiple losses, the process of identifying with his or her own group may foster a feeling of security and well-being and provide a framework for coping with significant changes that are an inevitable part of the aging process (Gelfand, 1994). Strong ties with an ethnic community may provide opportunities for the replacement of lost familiar roles (such as an employee, a parent, a spouse) by entrusting ethnic older adults with culture bound roles of a group decision maker or someone responsible for the preservation of cultural heritage and traditions (Fry, 2000). There is some evidence to suggest that ethnically oriented social involvement enhances life satisfaction and self-esteem (Giordano, 1992).

A contrary argument suggests that ethnicity may be a source of multiple jeopardy (Blakemore and Boneham, 1994; Markides, 1987). Being older and a member of ethnic minority predisposes an individual to be in a position of particular vulnerability. Age and ethnic minority status, along with gender and social class, are important aspects of inequality (Markides, 1987). The author goes on to suggest that "[...] in addition to suffering from the prejudices, stereotypes, and discrimination associated with old age, ethnic minority aged also bear a burden of being a member of [...] another minority group" (p.30). The economic disparity between the dominant group and ethnic minorities that is prevalent in the middle age becomes even greater in later life (Brotman, 1998; Hardy and Hazelrigg, 1995). There is some evidence to suggest that, owing to their

minority status, ethnic elderly exhibit higher levels of psychological distress (Gonzales, Haan, and Hinton, 2001; Dawes and Thoner, 1998) and, as a result, have a higher incidence of mental illness and various forms of age-related dementias in comparison to members of the dominant group who are of similar social class background (Masi and Disman, 1994; Baker, 1992). Despite higher levels of impairment and functional disability and poorer longevity outcomes (Masi and Disman, 1994; Baker, 1992), ethnic minority seniors utilize health care services at lower rates (Keith and Long, 1997) and, when seeking medical care, continue to encounter barriers related to difficulties communicating in the official languages (Blakemore and Boneham, 1994) and divergent beliefs about etiology and preferred approaches to health and illness (Spector, 2000). Moreover, ethnic minority seniors tend to have limited social resources, such as poor language skills and inadequate educational background, that further impact on their health status and psycho-social well-being (Kahana et al., 1993).

Rationale for the study

Although there is an abundant body of literature with respect to ethnicity and aging in general, including some recent investigations into the role of cultural factors in the institutionalization for ethnic minority elderly, the majority of the available research has been and continues to be carried out in the United States, with a particular emphasis on African- and Hispanic-American seniors. There is little work on the phenomenon of institutionalization among non-visible ethnic minority older adults and no Canadian study in this area has been identified. It is imperative that we gain further insight into the experience of residential care placement among ethnic minority seniors from the Canadian perspective. This study is intended to address this gap in long-term care research by looking at the shared experiences of Polish nursing home residents. The need to better understand the specific needs of aging ethnic minority seniors is particularly relevant in a multicultural society such as Canada's, that continues to attract large numbers of immigrants from all parts of the world. The increasing numbers of immigrants will impact on ethnic diversity within the aging population in Canada, particularly in the large urban centers that tend to attract the majority of the newcomers. Owing to the researcher's ethnic background and professional experience, this study will focus on one ethnic group- Polish older adults.

In 1991 there were 184,695 Polish people in Canada, of whom 34% resided in Toronto (Statistics Canada, 1996). The contemporary Polish seniors immigrated to Canada between 1940 and 1960 as a result of WW II and the post-war political developments in their home country. Most of them are soldiers who took part in the war. Today the Polish seniors in Canada tend to be older, report poorer health, and have lower income than their Canadian-born peers (Statistics Canada, 1996). The issues of elder care are particularly important to this group. Furthermore, it is reasonable to anticipate, that over the next several decades as the representatives of the last significant wave of Polish immigration of 1980-1990 reach the ranks of the over 65 population, the need for elder care in the Polish community will increase. Owing to the widespread acculturation and assimilation among this latest cohort of Polish immigrants, the acceptance of institutional care may also increase. This study can make an important contribution in the area of institutional elder care within the context of ethnicity. In addition it will provide information to the Polish community in Toronto about the elder care options.

Chapter II
LITERATURE REVIEW

There is an abundant body of research concerning ethnicity and aging. The available scholarship covers a wide spectrum of the ways in which ethnic and cultural factors impact on the process of aging. Several recent studies (Groger, 2002; Pesenti, 1990) have also touched on some of the concepts that are considered most relevant to the focus of the present project and these have been selected for review. These are issues related to quality of life among ethnic elderly, patterns of care-giving prevalent among ethnic minority groups, and patterns of adjustment of ethnic minority older adults to an institutional placement. The following literature review is intended to provide a brief and selected summary of the most recent scholarly work that has been done to account for the role of ethnicity in long-term care. This will connect the existing scholarship to the present research of Polish older adults who experienced a transition from independent living to a residential care facility.

Quality of life among ethnic minority older adults

In addressing the issue of quality of life among ethnic minority elderly the literature looks at three broad indicators: subjective life satisfaction, physical and mental health outcomes and economic disparities that are generally observable between the mainstream and minority seniors. A British study by Keith (1995) compared the perceived life satisfaction of 33 Polish immigrants with 78 indigenous persons 65 years of age and over and found that the Polish elderly experienced less life satisfaction than their indigenous counterparts. The author suggests that previous traumatic events, such as coping with war and culture shock, may have made their personalities vulnerable to later stress. As compared to their British counterparts, the Polish immigrants may find it more difficult to cope with challenges typically associated with aging such as widowhood, decline in close relationships, or deteriorating health. In fact, in a response to an open-ended question, 61% of the Polish respondents identified war (WW II) as the single most important event in their life and 49% indicated that war-related loss of family, deportation, and migration had an enduring influence on their lives. By comparison, only 4% of the British sample declared that war had a major impact on their lives, identifying instead a happy marriage (31%), a family and job satisfaction (19% respectively) as the

most significant factors. Despite the lingering effects of war and lower life satisfaction, the Polish sample demonstrated higher self-esteem- a finding, which the author attributes to pride in national heritage, presence of ethnic communities and churches, as well as a strong sense of family and friendship, all of which were more salient in this group when compared to the British respondents.

In a more recent study Berdes and Zych (2000) went further than Keith (1995) and connected the life satisfaction of immigrant older adults to the concept of acculturation. The authors examined three groups of older adults and found that acculturation and assimilation play an important part in the quality of life of minority elderly. To identify differences in subjective quality of life, Berdes and Zych compared data for three sample groups: 1,459 elderly Poles living in the southern part of Poland, 300 Polish immigrants and 454 Polish-Americans (US-born persons of Polish ancestry) residing in the Chicago area. The variables under study were three measures of quality of life: self-assessment of health, life resourcefulness, and fulfillment of plans and wishes. There were significant differences in perceived quality of life in the three groups under study, with the immigrants occupying an intermediate position- significantly better than their home country counterparts, but significantly worse than that of the US-born respondents. From that data the authors hypothesize that the immigrant cohort has been exposed to and had an opportunity to internalize a prevalent American normative image of "successful aging" (p. 386). The cultural construct of "successful aging" along with the improvements in living standards may have contributed to the improved subjective quality of life of the immigrant respondents. Hence, this data suggest that integration with the host society and acceptance of their norms and values are important factors in the overall quality of life of aging ethnic minorities and may serve as buffers against the negative impact of earlier traumatic events, such as war or migration, on adjustment in later life.

The findings of Berdes and Zych (2000) have been supported by Gonzales et al. (2001) who conducted a study on the prevalence of depression among older Mexican Americans. The authors examined the association between depression, immigrant status and level of acculturation. The study compared two groups: U.S.-born adults and immigrants and found that prevalence of depression was higher (36.1%) among the latter

as compared to their indigenous counterparts (20.5%). However, when adjustments for education, income, psychosocial, behavioral, and health status were made for the immigrant respondents, the least acculturated participants were at significantly higher risk for depression than the more acculturated immigrants.

Similar conclusions were reached by Dawes and Thoner (1998) in a study that examined problems faced by aging immigrants from Pakistani and Indian communities in Norway. Consistent with the findings of the previously cited work, the authors found a prevalence of loneliness and depression in the group under study. Again, the respondents who had the poorest health outcomes also demonstrated the lowest levels of integration into the host society. The authors observe that even though the majority of the respondents have lived in Norway for many years they still find themselves excluded from the mainstream society and continue to suffer from the loss of status and identity. The authors infer that culture shock, combined with the stress of immigration, leads to various manifestations of depression, loss of identity, poor self-confidence, and even psychosomatic illnesses. Again, while the ethnic minority status appears to be a significant risk factor in the population of older adults, the level of acculturation may play an important part in adjustments in later life and overall life satisfaction in this group.

Similar findings were reported in two recent studies conducted in the U.S. involving elderly Chinese American immigrants who had resided in the country for an average of 10 years. Casado and Leung (2001) and Stokes, Thompson, Murphy, and Gallagher-Thompson (2001) respectively investigated the prevalence of depression among Chinese American older adults and found this group of seniors to be at a considerably greater risk for developing mental health problems then their non-ethnic peers. Stokes et al. (2001) observed that a significant number (29.4%) of the participants (N=102) showed symptoms of depression as compared to 13-20% among the general senior population. The authors also identified factors associated with a high prevalence of depression such as poor health, poverty and length of stay in the U.S. They also observed a previously documented finding that mental health problems among this minority group go largely undetected and untreated due to the cultural stigma attached to mental illness in this and other ethnic minority groups. They further identified barriers that the minority

elderly face when accessing health care providers. These barriers largely result from language difficulties and divergent philosophical perspectives related to health and illness that often impede communication between minority seniors and mainstream health care providers.

Casado and Leung (2001) went further in describing this phenomenon and examined the incidence of depression among Chinese American elderly in the context of migratory grief and acculturation. Their study highlights a concern often stated in the literature that emotional distress associated with physical and symbolic losses resulting from immigration, as well as acculturation stress, increase the risk of mental health problems such as depression. Both studies demonstrate that although the depressive symptoms decrease as the length of time living in the U.S. increases, the effects of migratory grief and acculturation stress linger well into the later years, and may impact on the psychosocial well-being of an individual even after forty years of residence in the host country.

A contrary argument suggests that minority status in itself has little, if any, impact on psycho-social well-being among older adults. Mills and Henretta (2001) examined self-reported depressive symptoms of 6,438 African American, Hispanic American and White community-dwelling older adults and discovered that, when education and household income were controlled for, there were no significant differences in the levels of depressive symptoms among these three groups. Moreover, unlike Berdes and Zych (2000), Dawes and Thoner (1998) and Gonzales et al. (2001), Mills and Henretta (2001) suggest a negative relationship between acculturation and psycho-social well-being among minority seniors. Their findings suggest that more acculturated Hispanic respondents (as measured by language facility and educational attainment) reported higher incidence of depressive symptoms than their less acculturated counterparts. This finding supports earlier work by Alderete, Vega, Kolody, and Aguilar-Gaxiola (1999) who also reported elevated risk for depression among highly acculturated Mexican farm workers. While neither study offers an unequivocal explanation for why the more acculturated Hispanic Americans may be at a higher risk for depression, one of their hypotheses posits the possibility of greater cultural acceptance and openness to the

mental health-related questions by these subjects who identify more closely with American culture.

Magai, Kerns, Consedine, and Fyffe (2003) conducted a quantitative analysis of the social precursors of depression in later life among a large sample (N= 803) from three ethnic groups: U.S.-born African Americans, African Caribbeans and U.S.-born European Americans, and found the last group to have significantly higher level of depressive symptoms. The authors hypothesize that the two African groups may share some aspects of their culture, such as social support and religion, that have a protective effect against depression in later life. The greater psychological well-being demonstrated by the African American subjects may also stem from their more resilient coping patterns, such as positive reframing or benefit finding.

An important element of quality of life and satisfaction in later life is health status. Baker (1992) provides a summary of the available literature on physical and mental health problems of ethnic minority elders in the United States. The author finds that, in general, ethnic minority older adults have poorer longevity and health status outcomes as compared to their non-ethnic counterparts. There is a higher incidence of obesity, hypertension, and diabetes among African and Hispanic Americans, which places these groups at a higher risk for stroke and cardiac disease. Owing to poorer economic resources and dietary patterns these groups are at an increased risk for all types of cancer. Ethnic minority elders aged 85 and over have an increased risk of developing Alzheimer's disease as well as other forms of dementia. Ethnic minority men, in particular, have poorer health outcomes due to multiple medical problems resulting from severe, disabling work-related injuries or exposure to toxic materials. They also have higher morbidity associated with alcohol abuse. In general, as a result of poorer economic and physical health status, ethnic minority older adults have a higher incidence of age-related dementias and are at an increased risk for various mental illnesses, depression in particular.

Data from a more recent report by Johnson and Smith (2002) suggest that there has been little change in health outcomes for ethnic and racial minorities over the ten-year span that separates this study from that of Baker's (1992). The differences in health status between racial and ethnic minorities and their indigenous counterparts continue to

be overwhelming. The life expectancy from birth is shorter by several years for various ethnic groups. A greater percentage of minority elders experience limitations in activities of daily living and the onset of these limitations is earlier (up to 20 years for the Native Americans) than among non-ethnic seniors. The rates of diabetes are higher for all ethnic minorities with the Hispanic Americans having 2.5 times the rate of the overall population. The data also suggest that racial and ethnic minorities experience an increase in hypertension and cancer related deaths despite an overall decrease for the general population. Mental health issues continue to be a concern, particularly among ethnic minority seniors. This is due to the social stigma attached to mental illness among many minority groups that results in mental health problems going largely untreated in this population. Moreover, ethnic minority seniors experience decreased access to health care and receive less intensive and lower quality care, a problem that is further exacerbated by the fact that minority groups are grossly underrepresented in the health care professions. The authors conclude that although socioeconomic indicators play the most powerful role in health status in the U.S., race and ethnicity continue to be independent risk factors.

Similar findings have been reported by Masi and Disman (1994) in a Canadian study which suggests that the discrepancies in health status between ethnic and majority groups cannot be explained as merely a function of private versus public health care systems. Canadian evidence shows that ethnic minority seniors have difficulties accessing and using health care services. Furthermore, some populations of seniors, such as immigrant women are particularly vulnerable and easily overlooked. The authors go on to suggest that the health inequalities that are prevalent among some ethno-racial groups are best understood in the context of socioeconomic characteristics rather than ethnic differences. Immigration decreases income security for all age groups, particularly seniors, hence ethnic minority elderly tend to be overrepresented at lower socioeconomic levels, which, in turn, leads to their poorer physical and mental health outcomes.

Carmel (2001) investigated differences in self-reported health status and general well-being among two groups of Eastern European elderly immigrants to Israel: "veterans" who arrived in Israel between 1948-1958, and "new" immigrants who came after 1989. Despite common cultural background and shared experience of immigration these two groups of elderly differed significantly in their subjective evaluation of health

status. The "new" immigrants reported poorer health, lower self-esteem and economic status as well as weaker social support networks even though they also had higher levels of education and were of younger age (factors generally associated with improved health outcomes). The "veteran" group were older and less educated but enjoyed better economic status and higher self-reported health and psycho-social well-being. This study concurs with previously quoted literature in highlighting the impact of acculturation on health status for this population. These findings suggest that while stress related to immigration is considered an important risk factor for health outcomes, the acculturation process that occurs over the years of life in a new country may moderate the harmful effects of this and other traumatic life events and positively impact both on immigrants' objective health measures as well as subjective perceptions of health status.

A somewhat contradictory finding was reported by Diwan and Jonnalagadda (2001). In a study on the relationship between social integration and health status among first generation older Asian Indian immigrants, the authors found the length of stay in the U.S. to be negatively associated with health status (2% increase in risk of poorer health status for each additional year of residence in the U.S.), while better health was associated with the level of perceived support and family proximity (variables not directly related to acculturation). While the authors do not offer an unequivocal explanation for why the length of residency may negatively impact on the health of immigrant populations, it may be reasonable to hypothesize that a sedentary lifestyle and poor dietary choices, two pervasive elements of the "American" way of life, may have contributed to the poorer health outcomes for those respondents who have lived in the U.S. for a longer period of time. This is an argument that speaks, although in a negative manner, to the hypothesis of cultural adaptation.

An important element of quality of life in old age, as at any other developmental stage, is economic security (Drukker, Feron, Kaplan, and Van Os, 2003; O'Rourke, MacLennan, Hadjistavropoulos, and Toukko, 2000). There is some evidence to suggest that, although poverty rates among seniors have been generally declining over the past decades, ethnic minority elderly, particularly women, continue to be overrepresented among the lower socio-economic levels. Hardy and Hazelrigg (1995) report that minority status and gender have an additive effect on the incidence of poverty among seniors, thus

supporting the "double jeopardy" hypothesis (minority status and gender in this instance). The authors examined data available from Current Population Survey of a population aged 55 or older in Florida State and found that while ethnic minority (specifically African American and Hispanic) older adults exhibit higher rates of poverty, the risk of severe poverty is increased tenfold for women in this group.

Findings from a more recent Canadian study by Brotman (1998) suggest a similar interplay between ethnicity, gender and poverty in Canada. Based on data derived from the1991 Canadian Census and the McGill Consortium for Ethnicity and Strategic Social Planning the author analyzed the impact of ethnicity on economic status for seven ethnic minority groups of older adults: Chinese, Aboriginal, Ukrainian, Jewish, Black, Greek and Italian. Consistent with the American data provided by Hardy and Hazelrigg (1995), Canadian ethnic minority elders are also at considerably greater risk for poverty. Gender, visible minority status, living arrangements (living alone vs. living with a partner or extended family) and the length of residency in Canada were found to be important variables that further increase the likelihood of poverty in later life.

Patterns of care-giving

"The attitudes of elderly people towards different forms of social care are differentiated and strongly determined by culture." (Synak, 1989, p. 108) With that framework in mind, Synak explored preferences with regards to elder care that dominate in the Polish society. The provision of care for older or ill relatives in Poland is strongly influenced by traditions of family loyalty as well as pressure stemming from community and strong religious norms. Mutual intergenerational help is an important element of the ethos of family solidarity. Outside help is considered only as a last resort after all other means have been exhausted. The negative attitude towards institutional care for the elderly is only reinforced by the fact that generally these facilities provide a low quality of care with nursing staff shortages and disastrous state of repair of the buildings. Consequently, the reliance on formal care for the elderly is resisted both by the older adults and their caregivers. Synak reports that a decision to place one's parent in a nursing home would meet with pressure from neighbors, acquaintances and even distant relatives. It would be an expression of failure in life and social degradation for the older adult, and a breach of loyalty on the part of the caregiver. Not surprisingly, then, only

1.4% of the total population of elderly people in Poland resides in nursing homes and 37% of these residents described their situation as "unpleasant" (Synak, 1989, p. 122).

In a comparative analysis of attitudes towards state-provided care for elderly in Norway and Poland, Midre and Synak (1989) found significant differences between the two countries. In Norway 7% of the population over 64 live in an institution as compared to 1.4% in Poland. The authors explain this discrepancy in nursing home use by pointing to the differences in logistic and economic situation between the two societies. In Norway, where economic conditions in general and quality of social services system in specific are very good, the acceptance for institutional living is higher and the family participation in elder care is of supplementary nature. In Poland enduring economic and political hardships increased the value placed on family structure as the only institution (apart from the Church) capable of providing for its individual members and protecting them from the alien and hostile institutions of the communist regime. The norm of filial obligation that continues to play an important part in care giving patterns among Polish older adults can be, then, explained by historical, cultural, and ideological factors.

The above analyses reflect the prevailing attitudes towards elder care as they developed post WW II and continue to dominate in the Polish society. It would be interesting to know whether and, if so, to what extent this value orientation continues to impact on the approach to elder care among the Polish population following migration to a new country. As there is no research to date that would address specifically the preferences of Polish community with regards to care giving among the elderly population, studies conducted among other ethnic minority groups will be reviewed to provide some insight into the role of ethnicity in shaping care giving behavior. Ethnic differences in the provision of elder care, particularly with respect to African- and Hispanic-American seniors have been well documented in the literature. It is generally thought that ethnic minorities utilize informal care to a greater extend than their Anglo-European counterparts but the findings tend to be inconsistent.

An Australian study by Carrafa and colleagues (1997) compared differences in a perceived caregiver burden among 48 minority Italian and 461 Anglo-Celtic caregivers of elderly relatives. The immigrants of Italian origin have a particularly low representation in Australian nursing homes. Moreover, the study reported that the Italian caregivers

experienced less anxiety, had better health outcomes, used more community supports, and expressed less desire to change their present circumstances even though they were also more likely to be employed full-time, and, consequently, experienced more demands on their time and personal resources, as compared to their indigenous counterparts. The authors attribute these findings to culturally determined beliefs about care giving and filial responsibility prevalent among the Italian respondents. They conclude that this minority group may be more traditional and tends to view the care giving role as a natural part of their filial obligation, while the Anglo-Celtic respondents may feel less commitment to their role of a care giver and, consequently, more anxious about their care giving responsibilities.

A similar conclusion was reached by Keefe et al. (2000) in a more recent Canadian study. The authors examined the role of ethnicity on the amount of care provided to older relatives. They conducted a secondary data analysis from a national Canadian study of work and family responsibilities. The sample (N= 2,753) was divided into 8 ethnic categories: British; French; North/Western, Southern, and Eastern European; Asian; East Indian; and Caribbean. There were significant differences across the ethnic groups with regards to norms of filial obligations and the amount of care provided to older relatives. Southern Europeans, Asians and East Indians demonstrated the highest levels of involvement in elder care.

White-Means and Thornton (1990) conducted a comparative analysis of the total number of care giving hours and the limited leisure on the part of the caregiver as a consequence of care giving activities in a sample (N= 1,924) consisting of four ethnic groups: German-, Irish-, English-, and African-Americans. Similar to the previously quoted study, there were significant differences in care giving behavior between the four groups. As compared to German- and English-Americans, the Irish- and African-American families reported higher levels of involvement and greater infringement on leisure time by the care giving activities. The authors speculate that the traditions of close kinship networks and "owed" mutual assistance to one's kin (particularly the elderly) that are prevalent among Irish- and African-Americans may differentiate each group with respect to the role of family in the provision of care to elderly relatives.

Mui and Burnette (1994) examined long-term care service use patterns in a non-random sample of 5,626 frail elders, 73.6% of whom were white, 22.7%- African American and 3.7%- Hispanic. The findings suggest that, consistent with previous studies, the minority groups tend to rely on informal support networks, particularly families, even though they also report the greatest economic disadvantage, highest levels of cognitive and functional impairment, and the most depressive symptoms. In contrast, the indigenous seniors use more in-home and nursing home services. The authors speculate that a combination of cultural and economic factors likely plays a role in the preference for informal care among ethnic/racial minorities.

Angel and Angel (1997) support this hypothesis and suggest that a multitude of variables contribute to lower rates of formal and residential care use by minority elderly. The combination of cultural, social and economic factors impacts both on health status and the ability of minority elderly to gain access to care. Minority group status and low levels of acculturation (double jeopardy) predispose ethnic seniors to poverty which in itself increases likelihood of exposure to health risks and creates additional barriers in accessing health care.

Jones Morrison (1995), on the other hand, challenges the notion that "minorities prefer to care for their own". By examining the data of nursing home use by African American and Hispanic elderly in the New York State, the author proves that both groups use long term care facilities at the same rate as their representation in the New York State population over 65. Furthermore, the rate at which the population of racial/ethnic minorities increased among the State's elderly population mirrors the increase in their nursing home admissions. However, Jones Morrison points out that the ethnic minority elderly are much more likely to reside in public facilities than in private ones, indicating again that, perhaps, structural factors, rather than a culturally determined preference for informal care, play a bigger role in the perceived underrepresentation of ethnic minorities in nursing homes.

Similarly, data from Tennstedt, Chang, and Delgado (1998) study do not support the assumption of ethnic minorities' preference for informal care. The authors conducted an observational study of ethnic differences in the patters of elder care among Puerto Rican, African-American and non-Latino White subjects age 60 and over. They

discovered that ethnicity was not associated with either the type, amount, or source of care received. Rather, the patterns of care were related to the level of physical impairment and the living arrangements with the primary caregiver (i.e. living in the same dwelling or not) and did not differ across the three groups.

Brotman (2002), in her qualitative study of the experiences of access to formal care among ethnic minority older women, explored their care preferences and found the subjects caught between two cultures. The women would like to adhere to the "old ways" of their native culture in which an extended network of relatives was responsible for the care of an older relative. As a result of migration, though, this wide network was reduced to the closest kin, most often one or several children. Looking after an ailing relative puts enormous pressure on the time and resources of this significantly reduced family network. The respondents expressed reluctance to burden their children with care giving responsibilities as they wish for them to succeed in the new society. This, after all, would have been the main objective of migration. Brotman concludes that public sectors workers' perception and expectation of ethnic minorities' preference for informal care may place undue pressure on ethnic minority clients and their families and create additional barriers in their access to public services.

Similarly, Shibusawa and Mui (2001) found that the prospect of becoming dependent on family is a source of significant distress for Japanese American elders. Although the traditional Japanese culture facilitates the norms of filial obligation and intergenerational mutual help and Japanese older adults expect to become dependent on their children when they grow frail and of ill health, 20% of the respondents (N= 131) displayed at least mild depressive symptoms. They indicated the fear of dependency on family as one of the main sources of distress. Interestingly enough, those respondents who were least acculturated and who, consequently, more closely subscribed to traditional Japanese values, were also more likely to feel uncomfortable about the possibility of becoming dependent on their children. Because these findings depart significantly from previous research in this area, the authors speculate, that the less acculturated elders, who also tend to have lower socio-economic status, less education and poor language skills, are not in a position to reciprocate for the care received from

their children. Unable to fulfill the norm of reciprocity, another important aspect of Japanese culture, they feel uneasy about the prospect of dependency.

Patterns of adjustment to long-term care

Relocation to a nursing home is arguably one of the most difficult challenges of later life. The negative outcomes related to institutional placement and processes associated with subsequent adjustment to a congregate environment of a long-term care facility within general population have been widely discussed in the literature (Johnson, Stone, Altmaier, and Berdhal, 1998; Wilson, 1997; Ghusn, Hyde, Stevens, Hyde, and Teasdale, 1996; Nolan, Walker, Nolan, Williams, Poland, Curran, and Kent, 1996). Institutionalization, however, may constitute a particular challenge to the ethnic minority seniors. First of all, a decision on the part of caregivers to place an ailing relative in a residential care may be construed as a betrayal of the traditional norms of filial obligation and mutual help. Additionally, as the previously quoted study by Keith (1995) suggests, ethnic minority seniors may be particularly vulnerable to later life stresses due to the cumulative effect of traumatic events in the past, such as war, migration, acculturation, and lifelong poverty.

Cohen (1991) investigated the impact that traumatic events experienced by Holocaust survivors had on stresses related to aging. The author contends that "stressful events or developmental phases in the present can reactivate difficult situations from the past" (p. 226). He found that institutionalization constitutes a particular stressor for survivors of the Nazi concentration camps as it may bring back the feelings of dislocation from familiar surroundings and the memory of the loss of family members. Moreover, the physical layout of an institution, custodial care, and medical and personal care routines may be reminiscent of past experiences during the Holocaust. Physical deterioration and loss of bodily functions may present a particular threat to a Holocaust survivor, as those unable to withstand the harsh conditions of physical labor (very young, old, and ill) were immediately eliminated by the Nazis. The decreased physical health, then, may be associated with imminent and violent death.

Similar reactions of Holocaust survivors were described by Zilberfein and Eskin (1992) in the context of debilitating illness and hospitalization. This work concurs with the previous study in highlighting the meaning of illness and weakness to this particular

population. Any vulnerability, physical, psychological, or emotional usually meant a certain death sentence as only those capable of physical labor were permitted to live by the Nazis. Familiar feelings of powerlessness and helplessness may resurface in the light of deteriorating health. Hospitalization, which usually involves intrusive medical procedures, removal of decision making opportunities, displacement from family and familiar surroundings, uniformed and alien medical personnel and the sterile décor of an institution, may bring back painful memories from the past. In fact, hospitalized Holocaust survivors tend to display elevated symptoms of depression, anxiety and guilt. They report nightmares and often have diminished coping abilities as compared to similar groups of non-survivors.

Other studies tend to focus on value orientation among ethnic minorities with regards to institutional care. In an American study Kahana and colleagues (1993) examined the differences in morale in response to institutionalization among three groups: Polish, Jewish and Western European elders. They found the Polish respondents least satisfied with nursing home life, expressing more negative moods and depressive symptoms, an external locus of control and overall psychosocial distress related to institutionalization. In fact, an overriding theme among the Polish sample was that of abandonment and betrayal by their relatives. The institutional placement was described in negative terms, often as a product of family conflict. Few Polish residents have come to terms with life in a nursing home, focusing instead on returning to their homes or transferring to another institution. In striking contrast, the majority of the Western European respondents expressed satisfaction with their living arrangements. They shared a belief that it is appropriate and desirable for aging parents and their adult children to maintain independence. Intergenerational dependence, which ethnic minorities tend to revere, was portrayed negatively by the Western European subjects as burdensome to the family. Institutional placement was described as a most appropriate option for an older person who can no longer live independently.

The findings reported by Kahana et al. (1993) support the double jeopardy hypothesis of ethnicity. The authors portray the significant differences in the morale of Polish, Jewish and Western European nursing home residents as a reflection of differential expectations about institutional life. These expectations stem from

socialization and value orientation that varies among these three ethno-cultural groups. The Western European subjects endorse self-reliance and independence and hence appear to be more accepting of institutional life. For the ethnic elderly, institutionalization constitutes a particular stressor as it represents a violation of strong values of interdependence and family loyalty. The authors further emphasize the importance of a culturally congruent environment for the adaptation of institutionalized ethnic minority seniors. The majority of the Polish respondents expressed their frustration about inability to communicate with predominantly English speaking staff and residents.

A contrary argument was presented in a more recent work by Lee et al. (2002) who conducted a qualitative study on the adjustment process of 18 Chinese elderly in a Hong Kong long-term care facility. In a series of unstructured in-depth interviews the participants identified as their main objective regaining a life as close as possible to that before admission. It appeared that the respondents experienced a remarkably easy transition from independent to institutional life. The subjects identified life experiences and socio-cultural values as having the biggest impact on their adjustment to the nursing home. Lee et al. (2002) observe, that indeed, the response of the subjects to institutional living differed remarkably from those generally described in the literature. The authors argue that the Chinese elders' apparent acceptance of the congregate way of living in an institution stems from their adherence to community-centered values, often to the detriment of the rights of an individual. Chinese culture emphasizes balance and harmony with the environment as necessary ingredients for survival, peace, and happiness. By contrast, Western values of self-sufficiency, independence, and achievement are incongruent with the congregate environment of a nursing home, and, indeed, with the aging process itself. This interpretation of the findings is interesting although somewhat surprising, particularly in the light of previously cited conclusions of the Kahana et al. (1993) study.

Sasson (2001a) investigated the impact of ethnic identity on the adjustment process of 71 Jewish and 21 African American residents of a multicultural long-term care facility. The author concluded that successful adjustment did not differ for the two groups. However, there was a positive correlation between involvement in ethnic and cultural practices of their own group and higher levels of residents' adjustment to, and

satisfaction with, institutional life. Using the same sample, the author further examined the role of religion in the adjustment and satisfaction of ethnically and racially different groups of older adults to nursing home environment (Sasson, 2001b) and found the level of religiosity to be significantly associated with resident adjustment and satisfaction.

Similarly, Groger (2002) examined the process of adjustment among 14 African-American nursing home residents and found that, following an initial negative reaction to institutional placement, all but one respondent were able to embrace the new environment as the most appropriate for their needs and achieve a certain level of comfort and integration. The author speculates that certain coping strategies unique to African-American culture, such as accommodation, resignation, or resistance, played an important part in the uncharacteristically high rate of successful adaptation to nursing home life among the study participants.

Finally, Hikoyeda and Wallace (2001) compared perceptions of quality of life in ethnic-specific versus nonsectarian long-term care facilities among 26 Japanese residents and their family members. Surprisingly, the findings do not indicate a significant difference in the perceived quality of life among the residents in the two types of settings. Both groups identified food, availability of meaningful activities, and privacy as their primary concerns. The quality of these elements did not differ markedly between the two types of facilities. The family and caregivers, on the other hand, expressed their preference for the Japanese-oriented nursing homes. To the extent that the actual needs and preferences of the residents were met, however, there was no difference in the level of satisfaction between the ethnic-specific and the nonsectarian facilities.

Pesenti (1990) investigated, although indirectly, the impact of ethnicity on psychological adjustment to nursing home life among Italian and Jewish female subjects. By comparing family values that, the author argues, are largely determined by ethnic identity and the level of their psychological adjustment, the author found the family values of the Italian and Jewish respondents differed significantly. These value differences were related to the adjustment reported by the subjects. Specifically, the Italian subjects, while subscribing to traditional family values indicated lower morale, poorer self-esteem and higher levels of depression as compared to their Jewish counterparts (who also expressed modern family values). The author further suggests that

family values and ethnicity are so closely intertwined that ethnic background should be considered a vital source of variability among the aged populations as well as a key factor in psychological adjustment to nursing home life.

Summary and critique of the literature

There are some significant limitations in the reviewed literature that need to be noted. First of all, only five studies specifically address Polish elderly and two of these (Medre and Synak, 1989; Synak 1989) examine the care preferences of Polish elderly in their home country, which precludes crucial to the focus of the present research dimension of ethnic minority status. The majority of the reported work involves African-American, Hispanic, or East Indian subjects. The effects of racism (a common experience among these groups) add an additional level of complexity to the aging process which may not be quite as relevant to those ethnic minority seniors who are not a visible minority. This tendency in the literature to focus on visible minorities and to consider all European immigrants under one category, "White", ignores ethnic distinctions among other immigrant groups (Guttman, 1986; Kalish, 1986). Additionally, only one of the studies that address the issues of adjustment of ethnic elderly to a long-term care placement used a comparison group. This may further limit the reliability and validity of the reported findings. Finally, there appear to be some inconsistencies in the interpretation of the role of ethno-cultural values both in care-giving preferences among ethno/racial minority groups, and in shaping the perception of the experience of residential care placement by the ethnic minority older adults. Therefore it is still not clear how much of a part culture plays in the lives of ethnic minority seniors, particularly in the context of care preferences and institutionalization.

In summary, all the limitations notwithstanding, the reviewed scholarship provided a foundation for understanding the ways in which ethnic and cultural identity may impact on the aging process and gave impetus and direction to the present study. Ethnic minority elders experience more physical and mental health limitations, suffer more socioeconomic disadvantages, and report lesser overall quality of life than their indigenous peers. But they also tend to have stronger family networks, larger support systems, generally experience less distress with institutionalization, and appear to be better equipped for coping with the adjustments to a communal way of life in an

institution. The lack of agreement among scholars as to the relationship between ethno-cultural values, elder care preferences and psychosocial adjustment to institutional placement speaks to the complexity of these issues and underscores the need for further research in this area of gerontology.

Chapter III
DESCRIPTION OF RESEARCH APPROACH

Research design

The primary goal of this research study was to elicit descriptions of the experience of long-term care facility placement from Polish older adults and to refine our understanding of how culture, with its traditions and values, impacts on such a major transition in later life. In order to achieve this aim, an exploratory qualitative approach was designed. When context and value of setting are critical, as with the nursing home environment proposed here, in order to gain a deeper understanding of the phenomena, qualitative methods are essential. Furthermore, the nature of the question that guided this research study lent itself particularly well to a phenomenological school of inquiry. As Creswell, (1998), observed "[...] the phenomenological study describes the meanings of the lived experiences for several individuals about a concept or a phenomenon." (p.51) The primary aim of phenomenological research is to gain an understanding of those "lived experiences" in the context of a particular situation. (Creswell, 1998; Moustakas, 1994) The descriptions of individual "lived experiences" form a basis from which the researcher generates universal meanings or "the essences or structures of the experiences." (Moustakas, 1994, p.21) Furthermore, the phenomenological design was consistent with the Continuity Theory of Aging that formed the theoretical underpinning of this study, insofar as both frameworks focus on an individual, their views, thoughts, feelings, and experiences. Finally, as expected, the descriptive analysis of the experience that the phenomenological inquiry has produced, facilitated the generation of hypotheses that formed the basis for more systematic inquiry in the future.

The setting

There are three retirement and nursing care facilities in South-western Ontario- one in Toronto and two in the adjacent municipality of Mississauga- that provide accommodation and services to older adults consistent with the spiritual and cultural needs of the Polish community. One of them- Copernicus Lodge located in Toronto- has been selected as the site for the present study. Established in 1978, the Copernicus Lodge (hereafter referred to as CL) is, by far, the largest and most readily recognized of the three facilities. It is located in the heart of Toronto's Polish District at Roncesvalles

Avenue, in near proximity to a Polish church, bank, and a variety of Polish retail and grocery outlets and restaurants. The facility provides 148 self-contained apartments and 106 long-term care beds. 98% of the residents are Polish. The average age of the residents is 86 years. The staff is predominantly Polish and services are offered in Polish and English. For the last number of years the demand for long-term care within Polish community has grown significantly, resulting in a shortage of available beds in the three existing facilities and a waiting period of approximately 1-1.5 years. To answer this growing demand a new wing has been added to the CL and additional 122 beds will have been added shortly after the completion of this study. The demographic characteristics of the long term care section of the CL residents are as follows: the average age is 86 years of age, 27% of the residents are male and 73% are female, 10% of the residents came from the community, 45% from hospitals and the remaining 45% were transferred from other long term care settings.

The participants

A non-probability purposive sampling technique was employed for the purpose of this study. In a phenomenological study, basic inclusion criteria require that the participants have knowledge and experience of the event being studied and the ability to share this experience with the researcher (Creswell, 1998; Moustakas, 1994). Since the focus of this project was the experience of long-term care facility placement of Polish older adults, residents of the Copernicus Lodge were approached as potential participants. When recruiting study participants with a specific purpose in mind, a researcher may utilize "the judgment of an expert in selecting cases." (Newman, 2000, p.206) For the purpose of this study, the researcher approached the Director of Operations of the Copernicus Lodge with a request to identify those residents who meet the study criteria. This technique is consistent with a qualitative, exploratory approach, as participants are selected on the basis of their appropriateness for the research topic. (Newman, 2000)

The specific criteria for inclusion in the present research were as follows: a participant must have been born in Poland, permanently reside in Canada, be cognitively intact and able to answer questions on his or her own behalf. The literature suggests that it takes approximately 3 to 6 months to adjust to life in a long-term care facility (Wilson, 1997; Nolan et al., 1996). Consequently, the time period 6 to 12 months post admission

was chosen in order to avoid imposing the intrusive process of interviewing on those residents who might still be in a sensitive adjustment period. Based on these criteria, twelve potential participants were identified and approached by the Director of Operations. Six seniors agreed to participate in the research and signed a consent form. One of the participants passed away prior to being interviewed. Subsequently, one more resident who had been recently transferred from one of the Polish long-term care facilities in Mississauga, agreed to be interviewed.

The resulting sample of six participants consisted of four females and two males. The subjects ranged in age from 71 to 95 with average age of 82.3 years. One of the participants reported having a spouse that lived in the community. The remaining five were widowed. One male and one female participant did not have any children and the remaining four reported having one to three children. All the respondents described their health as being from very good to moderately (or "relatively") good. Two of the participants have been diagnosed with Parkinson's disease. For the remaining four, stroke was the precipitating factor in their institutionalization. One participant reported having been recently diagnosed with Alzheimer's disease. Two subjects reported other conditions such as cardiovascular disease and osteoporosis. Four subjects were wheelchair bound, one was able walk with the assistance of a walker and one reported being occasionally able to use a walker.

At the time of the study the subjects had been residing at the Copernicus Lodge for two to nine months with an average length of stay of six months. One participant came to the CL from the community, one was transferred from the retirement section of the CL, one came from another Polish long-term care facility in Mississauga, and the remaining three resided in non-sectarian nursing homes while waiting for an available space at the CL. Two of the respondents required institutionalization due to the progressive dementia associated with the Parkinson's disease. The remaining four suffered from functional disabilities resulting from a stroke. In terms of their general characteristics and the circumstances of their placement, the study participants were representative of the general population of the Copernicus Lodge. All the subjects recognized their present living arrangement as appropriate under the circumstances of

their health condition and reported high to moderate satisfaction with the quality of care and overall living conditions at the Copernicus Lodge.

Admittedly, a small convenience sample such as this will not allow generalizing beyond study findings. However, the main purpose of a phenomenological study is to achieve an in-depth insight into the experience under investigation. Inability to generalize need not present a concern. As a phenomenological study aims for depth rather than breadth of data, the literature suggests selecting a sample size anywhere from five to twenty-five participants (Cresswell, 1998; Moustakas, 1994; McCracken, 1988).

Procedure

A number of administrative procedures were undertaken in order to enable the researcher to collect data. First, the researcher contacted the Director of Operations of the Copernicus Lodge to introduce the study and obtain formal permission to conduct the research project (see Appendix A- Permission Letter). The Director of Operations identified twelve potential participants, introduced the purpose of the study to them and initiated involvement by presenting them with an information letter (see Appendix B- Information Letter). Respondents who were interested in participating in the study advised the Director of Operations accordingly and signed one copy of the consent form (see Appendix C- Consent Form). This copy was retained by the Director of Operation for future reference. The researcher was notified of the names and the room numbers of those participants who signed the consent form. The researcher made an initial contact, in person, with these residents to further clarify the purpose and methodology of the study (highlighting the issues of informed consent and confidentiality) and to answer any questions the respondents might have about the study. A mutually agreeable time for the interview was established. There were two instances when the interviews had to be rescheduled due to the illness of a participant. The interviews ware conducted between December 2003 and February 2004. There was a break of approximately three weeks between the second and third interviews due to an influenza outbreak in the facility. The interviews took place in the respective rooms of each participant. In this way, the participants were not removed from their own environment, which allowed for contextual validity and maximum confidentiality.

At the beginning of each interview all the details of the study's purpose and process were discussed one more time. The participants were asked to sign one more copy of the consent form (see Appendix C- Consent Form) for the researcher's records. Any questions that the respondent had about the research were addressed. The participants were encouraged to stop the interview at any time should they feel uncomfortable or fatigued. The facility's nursing and counseling staff were well informed of the purpose and focus of the research and was available to provide emotional or other assistance. At no time was there a need to interrupt any of the interviews or request emotional or other support of the CL staff. All the interviews were conducted in Polish. They were tape-recorded and then translated and transcribed. Each interview transcript was assigned a code number to ensure confidentiality during the research process. The translation took place during the transcription stage. Before data was analyzed, the researcher reviewed the translated version of the transcription with the audiotape to correct any errors that may have occurred during the translating process. In her translation, the interviewer made every effort to stay as close as possible to the original version of the narrative, often to the detriment of proper grammar. This is evident in some of the quotes that appear in Chapter IV. The researcher also took notes during the interviews to account for non-verbal cues and emotional states. All the interviews were conducted, translated, transcribed, and analyzed by the principal researcher (the author).

Data collecting instrument

Semi-structured and open-ended interviews were conducted to gather qualitative data on the experience of institutional placement of Polish older adults. The long interview method is an in-depth interviewing technique deigned to generate narratives that focus on fairly specific research questions. The emphasis is on gathering detailed data from a relatively small number of respondents. The prolonged engagement of a long interview fosters the development of a relationship of trust between the researcher and participant. This can result in a great deal of rich, detailed information about the study topic- a hallmark of qualitative research. (McCracken, 1988; Weiss, 1994)

The interview schedule contained open-ended questions designed to elicit responses on the following themes: issues surrounding the event of placement, the relevance of national/cultural identity within the context of major life transition (present

and past), and issues of adjustment to institutional life. These themes were developed based on a thorough review of the existing scholarship on ethnicity and aging. A copy of the interview schedule appears in Appendix D. The interviews ranged from one to one and a half hours in length. As the interviews progressed, the wording of the questions in the interview schedule was modified slightly to improve their clarity. Consistent with the phenomenological approach, the interview schedule was intended to serve only as a guide. The researcher exercised her judgment in deciding when it was appropriate to ask specific questions as they appeared in the interview schedule, and when to follow the respondents' cues and allow their own narrative to develop. Consequently, one of the respondents told his story with only a few cues on the part of the interviewer. Each interview concluded with a summary of the subject's responses.

Data analysis

The information from the interviews, including the basic demographic facts, comprised all the data for this study. These data were analyzed according to McCracken's (1988) model. This model applies a five step process that moves from examining the details of basic utterances to making more general observations. The first stage involved coding every utterance in the interview transcript without looking at their relationship to each other. During the second stage these face-value observations were grouped into concepts. These concepts were first linked to the data in the transcript, then to concepts that emerged from the literature review. In the third stage the concepts were further refined and examined in relation to each other. Meaningful patterns and themes were identified, after resorting, once again, to the conclusions drawn from the literature review. Additional theoretical literature was consulted to provide background information to emergent concepts that were not consistent with those identified by the preliminary literature review. During the fourth stage, the patterns and relationships between the emergent themes were identified. The decision was made as to which concepts and themes were most relevant to the focus of the study, and which were redundant and would not be included in the final report. In the fifth stage all of the themes from each interview were brought together to build an integrated analysis. Field notes were consulted during each stage of the analysis in order to support the formation of categories

by describing the context of each interview and accounting for the non-verbal behavior of the participants.

Organization of the findings

Chapter IV will present categories that emerged from this process of qualitative data analysis. Three general themes were identified. Each theme consists of several categories that describe a distinct aspect of a common phenomenon. Theme # I relates to values identified by the respondents. These include family, work, religion, resilience, independence and self-reliance. The second theme pertains to the life experiences of the study participants. All the subjects expressed, explicitly or implicitly, a desire to recount their life story. The resulting narratives create a picture of, as one resident described it, "a pilgrimage"- a journey through many countries and historical events. The concepts that comprise the second theme include: issues of acculturation; "letting go" of the home country; attempts to recreate a sense of continuity through preservation of mother tongue and religious tradition; seeking out old acquaintances; and establishing new social connections within ethnic parameter; establishing residence within Polish neighborhood; recognizing that "life is good" in Canada; and creating economic stability. The third theme reflects coping styles that the participants used following the institutional placement, and includes cognitive strategies: distancing from the decision making process; reframing; resorting to personal philosophy; and maintaining a sense of continuity through ethnic food, common language and familiar neighborhood. The behavioral strategies included: establishing positive relationships with the staff; and distancing from other residents.

It should be noted that any references in the data to the actual names of the interview subjects, their families or the facilities and places in which they resided prior to their transfer to the CL were changed to fictitious names in order to protect the confidentiality of the respondents.

Trustworthiness

To the extent that the scope and limited resources permitted, this study attended to the following criteria in order to ensure trustworthiness: prolonged engagement, triangulation, peer debriefing, member checking, and audit trial.

To establish prolonged engagement the researcher used familiarity with Polish language and culture to her advantage. Furthermore, the format of the long interview and the opportunity to meet with the participants prior to and (in some instances) following the interview gave the researcher the opportunity to build rapport with the study participants. A relationship of trust between the researcher and the participant, precipitated by the prolonged engagement, is a necessary safeguard against reactivity and respondent bias.

For the purpose of triangulation, the researcher used two sources of data: the interview transcripts and the subjective observations recorded during and immediately following the interview. The researcher consulted with more experienced colleagues to assess to what degree her observations supported the interview material. Member checking was accomplished throughout the process of interviewing by asking the participants for clarification and verification of the presented material. Furthermore, the participants had the opportunity to review a summary of the transcribed interview and assess to what extent the emergent findings reflect the true meaning of their experience.

Owing to the fact that this author was responsible for all phases of data collection and analysis, researcher bias may have posed a particular threat to trustworthiness of this study. The author sought feedback from colleagues representing several ethno-specific and non-sectarian nursing homes in Toronto in order to find alternative explanations for the emerging themes thereby reducing the researcher bias. Furthermore, the researcher kept a reflexive journal throughout the entire study where feelings, observations, ideas and decisions about the research design, process, and analysis were recorded so others who wish to draw conclusions from this study have adequate information to make judgments about transferring the findings to other situations.

Chapter IV
PRESENTATION OF THE FINDINGS

Themes that emerged from this study are related to the values, life experiences and coping strategies of the study participants. The concepts were common across the subjects and can be said to reflect the essence of the phenomenon. In the course of identifying the themes it became apparent that participants were revealing the categories that described their individual lives. The reaction to institutionalization by the participants was unique and dependent on their individual life story and personal philosophy. The concept of family was voiced frequently along with a wish to form deep "family-like" relationships with the nursing staff at the facility under study. The need for continuity manifested itself in the often articulated preference for a culturally congruent environment that included familiar neighborhood, language and food and opportunity to practice religious observance. Many of the concepts identified by the participants can be descried as universal, but some appear to be unique to this study.

Theme I- values

Family

Family emerges as an overriding concept throughout all the interviews. For the majority of the respondents, family offers a primary framework for self-identification and defines their purpose in life. One respondent summarizes this by saying:

> "Because everything, everything we did, we did for our children. We lived for our children, so our children can each have their own room, like a home.... So they can have good food. So they can have a good life."

The only participant who immigrated to Canada in her fifties, did so in order to assist her daughter in raising the daughter's family. When asked about the reasons she decided to come to Canada she answered:

> "My second daughter was here. She got married and had a baby and I helped her."

When describing her first months in the new country, the same subject reiterates:

"My daughter had two children and I helped her."

Families are also an important source of pride and joy for most of the respondents. With the exception of one respondent, who did not have a family, all the study participants devoted a significant portion of the interview to describing, in detail, the economic and academic achievements of their children and grandchildren, thereby indicating a profound emotional investment on their part in the, often considerable, accomplishments of their offspring. Another respondent who had no children of his own focused instead on the material resources of his sister and his many nieces and nephews.

> "I see that [my] children have a good life here [in Canada]. They finished schools, my daughter is working and is making good money. I am pleased,"

says one respondent. Another participant expressed her satisfaction with her daughters' "good life" throughout the interview:

> "They [the daughters] have a good life. One is a nurse. [Proudly points to photographs on a wall] Here is my whole family...."

Yet another subject echoes the notion of "a good life" when describing her family:

> "I have three children. One son, he is the oldest, and two daughters and eight grandchildren [laughter] [...] And that's it. They are all working, they have their own homes paid for. Yes, they have a good life, uhmm."

Still another one is convinced that her sacrifice for the family paid off insomuch as she was able to raise children that she can be proud of:

> "Yeah, I raised my children very well. I lived for them."

Family also emerges as the only medium for help, support and care. It is significant that none of the respondents ever turned to public services, ethnic or

otherwise, for assistance despite often difficult circumstances or rapidly deteriorating health conditions. One respondent summarizes this attitude by saying:

> "I never needed anybody's help. *Only my family. Always family*"

Family-based care continues to be an important factor within the institutional setting as well. One respondent indicated that an important element of her overall satisfaction with her present living arrangement is the fact that her daughters "are very well liked here [by the CL staff]." Another subject talked about her daughter's continued support:

> "I have a very good daughter, really. I can call her and tell her: 'Maggie, bring me money and cigarettes' [laughter] and she comes right away to me and brings them to me. Well, Mississauga [a satellite community nearby Toronto] is not too far from here, yeah..."

Another resident defines family care in terms of their continued involvement in her life:

> "Oh, I have a very good family. They all look after me, visit me here."

Close-knit friendships developed within ethnic boundaries are another important source of support. These pseudo-kin networks are formed by seeking contact with home country neighbors and brothers-in-arms from the time of war, or by establishing new friendships with, as one respondent describes it, "our people". If outside help is sought after (and then only under extraordinary circumstances) it would only be solicited within these pseudo-kin networks. The respondent who did not report any surviving family members created such a pseudo-kin network. In describing the events surrounding the placement at the Copernicus Lodge she recalls:

> "I didn't have too many acquaintances. Only one lady who lives nearby- a couple blocks down the street from here- and Mr. Proust. We used to be neighbors at the cottage. He used to work here [at the Copernicus Lodge] *but he helped me as a friend.*"

Similarly, one of the subjects while recalling his first months in Canada suggests that, in the absence of family, he could count on help from "a specific group of people"- his Army friends:

> "I didn't have any family. I didn't have anybody here [in Canada]. Only my friends from the Army [Polish Army]. This is a specific group of people, former young officers... They were helping us, in a manner of speaking. *If I asked for help, that is.* For instance, when I had to buy something, so these friends who were here before me could afford to lend me some money, such as $50 or $100. That was not a problem."

Another participant rejected the notion of soliciting formal help, as he and his family "knows a lot of people"- a pseudo-kin network to whom one may turn for help- should the need arise. In response to a question whether he or his wife used assistance of any community agencies when arranging for his placement at the CL, he stated:

> "I don't think so... I cannot remember. You know, *we know a lot of people. One of our friends is a physician.* So there was a little help from the outside."

Another respondent justifies her choice of friends within the ethnic community by saying:

> "I have one friend. She lives in High Park [nearby neighborhood]. She visits me sometimes and brings me things that I need to buy. She helps me sometimes. She is Polish too. *Polish people help each other more.*"

An important element of family ethos is unwavering loyalty towards its members. That includes speaking highly of one's family and refraining from the public disclosure of family difficulties, conflicts or "airing dirty laundry". This is evident in all the interviews where the respondents either implicitly (by describing at length various accomplishments of their children and grandchildren) or explicitly (by reiterating the motive of a "good family") create a highly positive picture of their family life. Yet, several subtle comments suggest that there may be some discrepancies between the image and the reality. One of the respondents talks at length about her oldest daughter, the one

who is clearly most involved in her mother's life, while barely mentioning her other two children:

> "I have two daughters and one son- he lives far away. The younger daughter lives far too- in Barrie. Only Maggie- she lives in Mississauga. She has a neat house [tone of voice livelier now]. She works for school, she is a teacher. And it [the school] is very conveniently located close to her house. Catholic school, yeah, uhmm.... And the house is paid for. Yeah, they paid for it. Yeah, because both of them take care of things. When they take care of things, you know...."

Another subject, when responding to a question asking if her children helped her with household chores when she was living independently was apparently about to describe the lack of her daughters' involvement and then stopped mid-sentence:

> "[Laughter] *I* was helping my daughters. I even... poor..."

Work

A strong work ethic is another concept that resurfaces repeatedly in all the interviews. Like family, work has fulfilled several distinct functions for the participants in this study. For one respondent, work was the main factor in making a decision at the age of fifteen to leave her family and her homeland in pursuit of a better life:

> "I left to look for work, for work, only for work. Here to Canada, before that to France, and then to Denmark.... For work..."

Work often appears as an overriding concern, particularly during the initial stage of immigration. The following comment illustrates how even the needs of a family had to be sacrificed in order to meet the demands of a work schedule:

> "[...] So we met some people and moved to Toronto. We lived on a third floor above a restaurant. My husband found a job and I found one. When he was working at night, then I was at home with children. And when he was working days, then I would work at night at the restaurant. I had to, my darling. Within one year we bought a house."

Another participant talks about his contribution to the Canadian society in terms of his professional achievements. The following excerpt illustrates how he created his identity as a professional engineer:

> " I worked for so many years as an engineer. I owned my company and the job that I was doing gave me satisfaction. It was helpful to other people in Canada. If I made a machine and this machine was working- it was sold around the world, or only in Toronto- this was my contribution to the society, to this country. Because people made money on this machine."

Similarly, one respondent thinks of her long-deceased husband in terms of his work ethic. In response to a general question about her spouse she answers:

> "[...] my husband worked for Smith's Transport. Yes, he worked very hard for one company- the Smith's Transport- and then he died..."

It appears that the Polish older adults who were interviewed for this study identify more closely with the image of a hard-working individual, than with their ethno-cultural heritage. Like the "good family", the motive of "hard work" resurfaces in all the interviews. All the "hard work" eventually pays off and the participants are eventually able to achieve a desirable economic status for themselves and their families. The economic status is further enhanced by their offspring. Work, or rather, the economic stability and a sense of security that it presumably brings, appears as one of the most important elements of life satisfaction for the study participants. In response to a question asking how she felt shortly after her arrival to Canada one of the subjects answers:

> "Good. My husband found a job and I found one. It was really good"

Similarly, one participant succinctly summarizes her first months in a new country as:

> "Good. I worked."

Religion

All but one of the six Polish seniors interviewed for this study declared that religion has been, and continues to be, an integral part of their lives. Like family and work, religion appears to be a central component of their identities. Religion plays a key part in Polish history and tradition. A simple statement by one of the respondents illustrates this point. This is how she justifies the prominent place that religious faith occupies in her life:

> "Yes, always. *I was brought up this way.*"

For some, religion fulfills their need for spirituality. One of the respondents defined the purpose of her life filled with hard work by saying:

> "I was always very busy. I worked, I worked very hard. Well... but it was all for the praise of the Lord."

Religious faith also provides the framework of God's will for making sense of one's existence. It is a resource for understanding the way in which the universe works. Religious faith gives a purpose to often inexplicable events. It may also provide a sense of agency in an often uncontrollable world. The following account illustrates one respondent's belief in the power of prayer:

> "It is nice to go [to church] and listen [to a sermon], to pray a little. I pray on my own anyways. When I left home I was fourteen years old. When the Germans were bombarding, holy smoke! So we had a bunker that was dug underground, you know. There were a lot of Russian girls there. Because the Germans were lying to us [saying]: 'come to Germany for six months and we will bring you back to Russia.' Oh no, there was none of that. So there was this bunker- we had it in case of an air raid- we had to hide in this bunker, you know. So I am standing in there [in the bunker] and praying and these Russian girls are asking me: 'Helenka, teach us to pray.' And you know what? The bomb fell on their side. And you know, half of this bunker, all these [Russian] girls were killed. Because they [the Germans] would drop these big bombs, you know. And all the living quarters were burnt- seven of them. There were French there, Italians,

> Russians. But there were no Polish girls there [in the burnt living quarters]."

Another finds a solace in her ability to relate to God in the face of her deteriorating health:

> "[...] what do I have left in my life other than to pray for everything."

Religion is also an important medium for continuity in the lives of the study participants and one of their most significant coping mechanisms throughout their lives. These two functions of faith will be discussed in greater detail in two subsequent sections.

Resilience

All of the Polish elderly who took part in the present study share several personal characteristics that may have influenced their ability to acculturate to their host society and may have aided them in the process of adjustment to the institutional placement. They have created strong self-images of resilient, independent and self-reliant individuals. This self-image seems to serve as a blueprint for their interactions with the environment. All but one respondent (admittedly one who has suffered the most severe trauma, having been imprisoned in a concentration camp and subjected to pseudo-medical experimentations) seem to have come to terms with the trauma of war. One subject recalls her experience as a forced laborer in Germany:

> "Well, you see, when the war broke out- the WW II, O.K.- the Germans came in and took me. They took all the children from our village- I was fourteen years old then- to Germany. I was there in Germany until... It wasn't good because the food was awful and only once a day. I was working in a factory and they would give us some sort of inedible soup only once a day. But you know, *when you are young, you don't care about anything.*"

Another respondent summarizes several years she spent working in France in a following manner:

"[...] it was good. *It had to be good* [laughter]."

Having reasonable expectations and accepting things the way they are is also a mark of a resilient individual. One of the respondent describes an unfavorable impression that an underdeveloped Toronto of the 1950's made on him when he arrived here from metropolitan London and then he adds:

"But I was prepared. I didn't expect anything better."

The respondents, by and large, seem to have accepted the hardships (war trauma, childhood poverty, dislocation) of their lives as part of their destiny and have turned those experiences into an asset. This is how one of the subjects perceives how these early experiences affected his life as an immigrant:

> " A Pole will succeed anywhere. We, Polish people are tough, hard-working people. We've been hardened by our tough life. Anywhere we go around the world, we are able to quickly learn the ropes [of the new environment], find our way around and become successful. The smart ones slowly climb the ladder [become successful professionally]. I don't know if anybody from here would survive in Poland if they did the same [immigrated to Poland from Canada]."

Yet another respondent demonstrates a positive outlook, an acceptance and appreciation of life as is in the following comment:

> "I'm lucky to be alive. I was shot at so many times, that I'm lucky to be alive."

Independence/self-reliance

Next to resilience, independence and self-reliance appear as paramount values in the lives of the participants. It is striking that prior to being institutionalized none of the Polish seniors who were interviewed has ever approached a public service organization of any denomination, ethnic or otherwise, for any kind of help: financial assistance, care or homemaking services, information or referral. All the inquiries on the part of the interviewer as to the potential involvement of a community support system, either in the initial settlement process, or later in the care-giving prior to long-term care placement, were interpreted by most respondents as inquiries about pleas for financial assistance on the part of the respondents and were immediately refuted:

> "I was working. I didn't need help."-

One of the respondents interjected a question at the very sound of the word "help". Another subject reiterated a similar sentiment towards "help":

> "No, I didn't go anywhere [asking for help]. My husband supported us."

Another respondent proudly describes how she managed to live in a community without any supports until ninety years of age:

> "I did everything on my own. I even painted the house on my own- I had a lot of energy. I was sewing on my own too. I was sewing although I never studied it. I would just buy patterns and sew for myself and others too. *I never needed anybody's help.*"

The strong need to be independent is even reflected in the fact that most subjects (with the exception of one) refrained from joining any ethnic organizations, social clubs or leagues, even church-affiliated outlets, preferring instead to celebrate their cultural heritage in a private realm. As one subject summarized it:

> "I didn't belong to any organizations but I always felt Polish. I didn't need to belong anywhere to feel that I am Polish.

This last observation is somewhat uncharacteristic of general population of Polish seniors in Canada. The generation of WW II Polish veterans has not only created an organized Polonia in Toronto and other major urban centers across Canada, but continues to sustain its existence through active participation and financial support. This discrepancy may have resulted from the fact that organized life of Polish community is dominated by male army veterans and that in the present study, female subjects outnumber the male participants two to one. Moreover, Driedger and Chappell (1987) posit that the two most important variables in the fostering and retention of ethnic identity under the circumstances of migration, are knowledge and home use of mother tongue and religion. These are two salient characteristics of the study participants, rather than participation in organized ethnic community.

Theme II- life experiences- "the pilgrimage"

"Getting used to"

All of the Polish seniors who participated in this study demonstrate a high degree of satisfaction with their life in Canada, leading the researcher to believe that they were able to acculturate fairly well over time. One of the respondents captures the essence of acculturation as a mutual process between an individual and the host society by saying:

> "Some societies are similar to each other. Someone from Poland may go to Africa and, while being there, will feel alien. But when the same person comes to Toronto, he feels less alien. In time, he becomes more of a Canadian. It is a matter of upbringing and what he can give to this society and what this society can give him."

Another respondent emphasizes the gradual nature of the acculturation process:

> "Oh, I didn't like it here [in Canada]. I was so thin, holy smoke, I could barely walk. I didn't like it here... No... And then, you know, slowly, slowly, I got used to things and then I liked it, yeah. And so it its..."

For all but one of the Polish seniors who participated in this study (and for the overwhelming majority of contemporary Polish-Canadians in this age group) Canada was a third or fourth and final stop in their, as one of the respondent described it, "pilgrimage". One subject reflects on her immigration history in the following manner:

> "I got used to it since a young age. It was Germany first, then France, then Denmark and finally Canada. [sighs] Such is our vagabond life..."

"Letting go" of the homeland

The respondents used a variety of coping strategies to facilitate their transition into the new society and subsequently achieve a certain level of acculturation. First of all, they made subconscious attempts to sever the ties to their homeland. For several subjects this process occurred somewhat "naturally" as a result of geo-political changes that took place during and shortly after the WW II. For instance, one of the participants came from an Eastern province of Poland, which, post-WW II, became part of USSR (presently Ukraine). Her family was dispossessed from their home and land holdings, and either killed or scattered around the world. There was literally nothing or nobody to go back to other than a certain imprisonment and possibly death under the Soviet regime. Three participants came from Warsaw, which was so severely damaged during the final phase of the war that, for all practical purposes, it ceased to exist. The process of rebuilding Warsaw after the war ended, took place in the new Communist reality, and the participants in this study wished to have no part in it, thereby subconsciously relinquishing their sense of belonging. This inability to emotionally invest in the post-war Communist reality of their homeland is expressed by one of the participants in a following manner:

> "Sense of freedom is very important to me. When the new Poland "broke up" [referring to democratic changes of 1989], the Third Republic, then Poland was very important to me. I suffered... *I wanted finally, after all these years, to see free Poland so I could participate in it equally to Canada."*

Other subjects speak of a symbolic loss of connection to their homeland. One participant recalls her first visit home after a period of life and work abroad:

> "When I came [home] from France I didn't feel good there anymore. I wrote to my husband... There was no work or nothing, only on a farm. And I said: 'I don't want to work here.' *So it was all gone, all gone...*"

Another participant describes her journey from a German labor camp to England and then adds:

> "Well, you know. *It was too late for me to go ho...* to go back to Poland from there."

Recreating continuity

Having lost their connection to their homeland, the respondents made attempts to recreate a sense of belonging by emphasizing their symbolic commitment to ethnic roots. These attempts included preserving their language and religion, establishing residence in, or in proximity to a Polish district in Toronto and creating social networks within ethnic community. All the Polish seniors who participated in this study identified language as the single most important medium for preserving and promoting their culture. Except for the two respondents who did not have a family, all the subjects ensured that their children learned the language both at home and in school:

> "Yeah, there were Polish schools here. There were and still are. And [my] children can speak Polish and grandchildren can speak Polish. That's nice. When they come here [we speak] only Polish. Although sometimes they may say: 'Oh, shut up!' [laughter]. Yeah, we spoke Polish at home.... With my husband and my children too, when they were young... My husband too."

Another respondent recalls her life in France where apparently Poles were discriminated against, and some tried to avoid public display of their nationality (which included refraining from speaking their mother tongue in public). She describes with a sense of

pride a situation in which her young daughter made an impromptu public performance of a popular patriotic limerick:

> "[...] And my daughter was three years old and she would step out on her own and [begins to say]: 'Who are you?- A young Pole. What is your symbol?- A white eagle...' You people should be ashamed of yourselves to see such a small child who can..."

In an attempt to maintain continuity with their past some respondents sought contact with their former acquaintances and neighbors from home:

> "[...] and even my neighbors from my village visit me too [at the CL]. *We found each other here* [in Canada]."

Another respondent adds

> "One of my friends from my village lives in the U.S. But she *always* comes to visit me and I go visit her, uhmm."

Life is better in Canada

An important factor in the successful adaptation to the new life in Canada was the fact that, having survived the horrendous time of war and the turmoil of subsequent immigration to England, life in Canada constituted a significant improvement in circumstances for all the respondents. Images of a "good life" in Canada resonate throughout all the interviews. One respondent recalls his arrival:

> "We decided [to come to Canada] because there were better opportunities for immigrants here [than in England]. There were no obstacles, political or military, to get visa to Canada. So I came here. I bought the ship ticket for the money I got for my car [sold his car] and I landed here in Toronto with $79. There were no problems. Within one week I got a good job and *we were sailing*. Four months later my wife and daughter came here."

Even if the actual difference in the socio-economic status was not quite as dramatic, life in Canada was perceived as superior to previous circumstances by most of the respondents. One participant explains her reasons for leaving England for Canada:

> "Because, you know, in England one couldn't get established [achieve a better economic status], absolutely not, you know, absolutely not. I'm telling you. Here [in Canada] within one year we bought a house. *In England.... Well, we had our house there too, yes, we had...* [but] *it was easier here* [in Canada],yeah. Because at the beginning when we came here there was a lot of work. Wherever you would go they would take you in. They wouldn't ask about experience."

Another subject, too, recalls an overall positive impression with Canada as compared to her life in England emphasizing, of all things, the positive change in weather as well as the economic security that comes with steady employment. In response to a question asking how she liked Canada when she first arrived here, she answered:

> "Very much. It was very nice here. England has an awful climate: a lot of rain and cold. I liked the climate here very much: it was so warm. I found a job. I tried different things, but finally I found a job at Simpson's and I was working there since.... I cannot remember. Anyways, I worked there until retirement."

Even these participants who identified initial difficulties upon their arrival in Canada, were able to quickly overcome them (mainly through "hard work") and achieve a desirable level of functioning in the new society. The following excerpt from an interview illustrates how life in Canada has improved gradually for one respondent and her family:

> " Oh, how bad it was [initially], you know. There was no welfare. Not like these days those who come here [new immigrants] get rooms for nothing, money and everything. It was hard because I had three children- the youngest, Maggie, was eight months old. And then our people didn't have homes. Nobody had, you know. So we went to a farm. We were there for eight- nine months... And... I went to the farmer [the employer] and said that it was too little money.... $35 for two weeks.... O.K., the money then was worth more than now. But so what! With three children that was nothing! And he tells me: 'No, Helen, don't go. Your husband is such a

> good worker. I will give you triple the amount." And I said: 'Well, you should have done that from the beginning.' So we met some people and moved to Toronto. We lived on a third floor above a restaurant. My husband found a job and I found one. And when he was working nights, then I was at home with the children. And when he was working days, then I would work at night at the restaurant. I had to, my darling. Within on year we bought a house. Aha. We borrowed some money. Our friends signed for us. It was like that then. So we made our money by selling houses: my husband and his friends fixed them up and we made $10 000 on it. And then a second one and a third. We bought five houses like that, yeah. So the life went on like that."

Creating economic security

It is significant that all the Polish older adults who participated in this study express a high degree of satisfaction with their life in Canada. The following comment illustrates how even modest accomplishments can be a source of pride:

> "[...] when we lived on Montreal Avenue, our daughter was growing, my husband wanted to buy a car. But I said: 'To buy a car?! I want to buy a house!' So we bought a house and he bought a car later, later, later. *It was hard but we paid it all off."*

The above excerpts illustrate another important characteristic of the sample in this study, namely their overriding concern with establishing economic security for themselves and their families. The multifaceted functions of the work ethos in the lives of the Polish elderly who took part in this study have already been discussed in a previous section. However, it is important to add at this point that the strong work ethic may have resulted not only from an economic necessity to ensure income maintenance during the initial period of immigration, but it may also have served as a mechanism for coping with the unavoidable tensions that accompany the transition to a new environment.

Theme III- the placement- coping strategies

All the seniors who participated in the present study were able achieve some level of satisfaction with their placement. The comments regarding the quality of life at the Copernicus Lodge ranged from enthusiastic endorsement- "it's really wonderful here!"- to guarded approval- "I have no reason to complain". In order to facilitate their adjustment to the new environment, the respondents employed a variety of cognitive and

behavioral coping strategies. Chapter V will argue that these particular coping styles are consistent with the life histories of the study participants and reflect, to a certain extent, their cultural values.

Cognitive strategies: distancing from the decision

The first striking observation concerns the fact that none of the respondents reported making an independent decision or even being involved in the decision making process, with regards to their institutionalization, indicating instead care givers and/or children as solely responsible for both initiating and organizing the transition. In fact, even the subject who did not report any surviving family members, identified her closest friend's advice as a key factor in her decision to relocate to Copernicus Lodge:

> "He said [Mr. Proust- pseudo-kin] that I am alone. [He said that] I am a lonely woman and I need care. *So he was the one who suggested that I should come here* [to CL]."

Similarly, another respondent indicates his sister as a principal decision maker:

> " I had a stroke and my sister took me in [respondent moved in with his sister]. She looked after me. She wanted me to come here because soon she will be moving here as well [to the retirement section of the CL] so *she wants me to be close by her side.*"

One of the respondents stated clearly:

> "My daughters made the decision. Yes, *what was I supposed to do!?* There was more work than I [could handle]."

Another subject stated:

> " My daughter arranged for it all [...] Oh, I had to [come to CL], my dear. I couldn't stay in rehab [rehabilitation hospital] for very long and they

> wouldn't let me go back home because I cannot walk, you know. And I have stairs in the front and on the side."

Yet another subject responded to the question how the decision of institutional placement was made in a following manner:

> "[laughter] I don't know how. [it was] mainly my wife. I was ill at the time and I was not quite able to do anything: write letters or make telephone calls [refers to arranging formalities regarding placement]. My wife found out about [Copernicus Lodge]...[...] it turned out that I need help all the time. It was hard for me to stay at home alone for several hours when my wife was at work."

Similar unfamiliarity with the process is echoed in the response of another participant:

> "If I, my dear child, only knew about it more... When Gosia [daughter] begun to work because her husband was making too little money and the flat was too small..."

It will be further argued that this common perception of being detached from the decision making and relocation processes is not incidental, and serves as an important cognitive coping strategy for the study participants.

Reframing

Similarly, the respondents used reframing in order to give meaning to, and deal with, their new reality. During the cumulative eight to nine hours of interviewing, at no time did any of the respondents used the word "nursing home", either in Polish or in English. Preferred terms to describe or refer to their present living arrangement were: "this facility", "facilities such as CL" or even "hospital". This initially led the interviewer to question the level of competency of some of the subjects:

> "Last week I went on a tour of *these other hospitals* and I developed an unpleasant illness."

> "People [other residents] are complaining a lot but I feel very well here. I often say to the nurses that it does no good [to complain]. What it is, everyone must... one must go and see *these other hospitals* [to compare to CL]"

Another participant clearly struggled throughout the interview to find an appropriate term for nursing home, all the while ignoring helpful hints from the interviewer:

> "There are... homes like this one... Well, *these homes for older people* [...]"

Relying on personal philosophy

The coping approaches employed by the participants reflect their personal philosophies which that, in turn, stem from their life histories. A resilient, strong self-concept, the ability to accept life as it is and a readiness to adapt to any, even less desirable circumstances, resonates throughout all the interviews. One respondent demonstrates her flexibility and adaptability when she reflects on her first months at the Copernicus Lodge in the following manner:

> "Whoever is sensible enough will accept everything. [...] For me everything is good. I don't fuss anywhere. Some people make trouble. There is one lady here... But not me, never. I agree with everyone. *This is my life's philosophy and it has always served me well.* One has to show kindness and get used to..."

Another subject expresses her satisfaction with her situation in a similarly restrained way:

> "I don't complain. Whatever I ask for they [the staff] do it for me."

One participant, having listed all the pros and cons of his present circumstances, summarizes with a dose of philosophical resignation:

"You know, one doesn't always find what one is looking for in life."

Maintaining a sense of continuity

Creating a sense of continuity appears to be an important factor in adjusting to a new congregate way of life. All the participants mention some aspects of connection to their past, be it food (surprisingly, all respondents expressed their satisfaction with the food- a preferred target of complaint in most long-term care facilities), familiar neighborhood or daily access to religious services. One of the residents expressed the need for familiar surroundings in the following manner:

> "*Respondent*: [...] this is a convenience of this facility [targeting Polish community] in Toronto. I was in a different home like this one on John Street but it was not comfortable. It is comfortable here.
> *Interviewer*: What do you mean by comfortable?
> *Respondent*: Location. Here I can buy *paczki* [Polish doughnuts]. I can live without them, but if Granowska [famous Polish patisserie] is just around the corner..."

For another respondent continuity of relationship with his family eased the transition:

> "[...] my sister helped me kill the longing. She visits me very often- once or twice a week, sometimes every day. And she calls me all the time- several times a day. There are people here who have no contact with the outside world. Nobody calls or visits them. And you know, in this kind of environment, like a prison, it is very important to have a contact with people from the outside, to keep your mind occupied.

Most importantly, however, all the subjects identified the ability to communicate in Polish language, particularly with the staff, as the key element that contributes to their satisfaction with life at the Copernicus Lodge. This is significant considering the fact that, of the six Polish seniors who participated in this study, only one reported no knowledge of the English language, one had limited knowledge, and four declared that

they are able to converse equally well in English and in Polish. The strongest preference for the Polish-speaking environment, particularly staff, was voiced by the three respondents who previously resided in non-ethnically oriented facilities. The following comment comes from a subject who not only declared, but also demonstrated, a good command of English throughout the interview by repeatedly expressing herself in English, often for the length of a paragraph. Here she is describing the difference between her former placement in a non-sectarian home and the Copernicus Lodge:

> "Well, I say, the food was awful over there. And all those [...] nurses... [cheering up] *And here there is one language!* That's why I really like it!"

However, upon further questioning about the differences between the two placements, the originally identified language and communication issues begun to take on the form of problems related to perceived quality of care. This is how this subject responds when asked to identify specific aspects of her previous placement that she considered inferior to Copernicus Lodge:

> "*Respondent*: I tell you, the nurses! They were [...] not like here. She [a nurse at CL] will come to my room, you know [and say]: 'Hi, how are you?', you know. They come to my room at 7 A.M., they wash me, dress me, you know, I go for a breakfast. It's very nice. One wants to be here. It was different over there.
> *Interviewer*: At Clarkson Park [the previous placement] the nurses wouldn't do these things?
> *Respondent*: Well, sometimes they would do it and sometimes not. They were always busy."

Another respondent who also resided in a non-sectarian nursing home prior to arriving at the Copernicus Lodge shares a similar opinion:

> "I have to admit that I was pleasantly surprised with the quality of care here. The nurses work very hard here when compared to the previous home I was in. The other nurses [in the previous placement] did not *give as much heart.*"

For yet another respondent the preference for Polish-speaking environment meant the ability to develop a relationship of trust with the staff. The following excerpt from the interview illustrates how the all-encompassing concept of "one language" has a more profound meaning for this participant:

> "*Respondent*: I was in several different places while I was waiting for this [an available bed at CL] but it is best here.
> *Interviewer*: What makes it better here?
> *Respondent*: *There is one language.* Here it is... There were more [other ethnic background] nurses [at other placements]. It was good too but there are more [Polish nurses] here. *I trust more here.* Everything here is... There is no comparison. Food is very good and care..."

Even within the Copernicus Lodge the respondents show preference for the Polish-speaking staff. According to one subject there is a difference in quality of care between Polish and non-Polish nurses. This is how the subject responded to a question regarding the quality of her relationship with the staff:

> "*Respondent*: Yes, especially if they [the staff] are Polish. They come in and look after me. There are two [non-polish speakin] girls. They are different. They do what suits them.
> *Interviewer*: Different in what way. Do you think that there may be a communication problem?
> *Respondent:* No, they do their job. Polish girls do what needs to be done quickly and still wash me and put a towel underneath [referring to incontinency garment change] and the other girls just change the diaper and they don't wash at all."

These rather disconcerting findings do, in fact, speak to the inability of the respondents to communicate with the non-Polish speaking staff. However, as it will be further argued, that the lapse in communication does not result from a poor command of English on the part of the residents, but rather from the lack of cultural congruency between the residents and the staff members and the resulting inability to develop empathic relationships between the care giver and the patient. The following comment further

illustrates this point. Here one of the respondents who immigrated to Canada as an older woman describes her experience at a bank:

> "*Respondent*: In Poland it was so gentle and here-so rough. People are not as considerate. I went once at a bank to open a bank account and she [the clerk] didn't know how these things can be done [how to approach a customer], only [said]: 'Here is the form. Complete it.' My daughter had to come with me to help me do it. I couldn't do it by myself.
> *Interviewer*: Nobody at the bank was willing to help you?
> *Respondent*: Well, *I didn't ask anybody for help.*
> *Interviewer*: Nobody guessed that you might need help, then?"
> *Respondent*: Yes. I think in Poland everyone would step in to help someone who is a stranger and doesn't know their way around.
> *Interviewer*: Why do you think it is so?
> *Respondent*: Because Poles *have hearts."*

Behavioral coping strategies: relationship with staff

Inability to communicate with the staff at a deeper level may be quite problematic particularly in the light of the fact that all the respondents identified the development of positive relationship with the staff as the most important element of their successful adjustment to, and subsequent satisfaction with the placement. One respondent summarized this point succinctly. When answering a question about what makes the Copernicus Lodge a good place to live, she stated:

> "People- nurses."

Another subject recalls her first months at the Copernicus Lodge in the following manner:

> "*Respondent*: It was hard. I had to get to know people [staff] and 'buy my way in'.
> *Interviewer*: "To 'buy your way in?' How do you mean?
> *Respondent*: A box of chocolate..., you know. Then they [the staff] treat you differently.

> *Interviewer*: Did the staff treat you differently or did you feel differently about them then [at the beginning]?
> *Respondent*: I felt differently.
> *Interviewer*: So what helped you to get to feel more comfortable here?
> *Respondent*: That I'm always pleasant, that I always say 'thank you' so they like me here. The staff likes me. [...] *It is very important. I was lucky that they like me and I can feel good here.* One must be kind and they [the staff] got to appreciate me for it. They are like angels."

Another respondent echoes a similar sentiment when talking about her adjustment to institutional placement:

> "Very quickly. Because one must first get to know and like one nurse, then another one wants to come to you so you get to like her too. I have one nurse here- Danusia and there is Ania- so young, she has curly hair and a pretty face. She is very kind. And *she likes me too and I like her. Whoever comes- I like them.*"

Yet another subject comments, with a certain dose of charm, on his ability to quickly make himself feel at home:

> "I am that kind of a person: I am open to people. I flirt with the nurses. *They like me.*"

Distancing from other residents

In a striking contrast to this clear effort to create positive relationships with staff is lack of involvement or an outright avoidance of closer contacts with other residents, who, after all, share the same ethnic background and speak the same language. One respondent describes the relationship between the residents in positive terms but then quickly adds:

> "But I don't participate in the activities. I like to lie down after lunch because I feel too weak. I cannot walk."

Another subject stated:

> "I don't like to walk from room to room *to bother people.*"

Another respondent speaks about his inability to relate to other residents in a following manner:

> "There aren't too many political discussions here. So I don't have anyone to discuss politics with or I don't see people here that I would want to discuss politics with. One cannot expect much from someone who never used a knife and fork in their life. He may be a charming companion but it is not what I am looking for."

Yet another respondent echoes this sentiment by being overtly critical about other residents:

> "They [other residents] are all farmers here. All they talk about is crops and potatoes."

The above excerpts reflect and illustrate the three themes that emerged from the interviews with the six participants. An in-depth analysis of these themes and concepts will be presented in the following chapter. Possible relationships between the themes and categories will be explored. More specifically, it will be argued that the study participants were able to make a successful transition to nursing home life, that they used unique coping strategies that aided them in the process of adaptation, that these strategies stem from, and are consistent with, their values, and that these values are, to a large extent, a product of their ethnic background and specific life histories.

Chapter V
DISCUSSION

The purpose of this research was to investigate the impact of ethnicity on adjustment to life in a nursing home. More specifically, this study attempted to explore how ethno-cultural values and life experiences of older Polish immigrants to Canada may have influenced the quality of the transfer and subsequent adjustment to a residential care facility. In effect, this study sought to identify whether ethnicity is a factor in nursing home life adjustment. In order to understand the experience of such a major life transition, it is necessary to position the inquiry within the broad cultural context. Pacyga (1982) and Chrobot (1982) respectively argue that the generation of Polish immigrants from the first part of the twentieth century, of which the contemporary Polish seniors in Canada are a part, came from the milieu of a traditional culture, through the turmoil of war and into a burgeoning but nonetheless modern, urban, industrialized society. The pillars of traditional society are family, stability of community and religion. In striking contrast, modern culture emphasizes individual enterprise, freedom and mobility and the secular nature of communal organization. The participants in the present study were faced with the task of having to negotiate the transition from traditional to modern culture. Their response to the demands of an industrial modern life was neither cultural segregation nor assimilation, but rather adaptation, of traditional values to a working class milieu.

Family

The central place that family occupies in the value system of the Polish seniors interviewed for this study, is rooted in the tradition of agricultural organization in which family constituted a basic economic unit. The research to-date tends to focus on the negative impact of traditional family values, particularly the elements of filial obligation and intergenerational cohesiveness, on the adjustment to Long Term Care among ethnic minority older adults (see pp. 15-16, 21 & 23 in this thesis). However, traditional family value orientation is a broad concept that encompasses far more than filial obligation and intergenerational integration. Other elements of the traditional family value system may, in fact, have a positive impact on long-term care placement for ethnic minority seniors.

In a traditional culture people are not aware of themselves as individuals, but rather as members of a community, of which the family is the smallest building block (Pacyga, 1982). The well-being of family is paramount to the wants and needs of its individual members. Sacrifice of individual rights and comforts for the greater good of the family as a whole (such as, for instance, the decision to move to long-term care facility to relieve a care-giver burden in order that a caring relative may focus his or her energies on the well-being of other family members) is considered a normative expectation. Paramount in modern culture, self-fulfillment and self-actualization are not considered the goals of individual existence, but rather have pejorative connotations in traditional society. An individual who attempts to assert his or her rights is viewed as deviant since individual aspirations that run contrary to the established order may prove detrimental to the smooth functioning of the family system. An individual is but one part in the circle of life of the family that spans over the generations that can be remembered and reasonably anticipated in the future. Individual life is not an end in itself- survival and the continuity of the family and community are. Life is a gift one inherited from past generations. One is obliged to cherish it while it lasts and then pass it on to the generations that will come.

Of particular interest is that none of the respondents expressed a sense of loss (as one may reasonably expect) as a result of relocation. The literature generally depicts the experience of placement as one that evokes feelings of multiple losses. These losses can be of a symbolic nature, such as the loss of role, autonomy or privacy (Wilson, 1997; Iwasiw et al, 1996; Nay, 1995), material, such as loss of home and personal belongings (Nay, 1995; Thomasama, Yeaworth & McCabe, 1990), or the social loss of family, friends and pets (Wilson, 1997; Iwasiw et al, 1996; Nay, 1995). However the perception of loss may not be related to these roles or objects per se, but rather to the symbolic meaning they represented. Cram and Paton (1993) in their study of older women's experience with residential care placement found that material possessions provided a sense of continuity and validation of self for the participants. For the Polish seniors who participated in this study, this sense of continuity and validation comes largely from their families, specifically from their children. Whatever value they attached to their material possessions, it needn't be disposed of along with the dispositions of the actual artifacts,

but rather transferred to the possessions of their children. Maintaining the perception that their children continue to build on the foundation laid by their parents gave the subjects a sense of a future rather than loss. Similarly, the participants did not identify a loss of privacy and autonomy as a significant impediment to the quality of their lives. This, however, may have resulted from the fact that the level of their functional impairment was such that the ability to exercise control over daily activities has already been significantly limited, regardless of the placement.

This argument suggests that, contrary to the hypothesis often stated in the literature that traditional family value orientation is a significant impediment in a long-term care placement, it may, in fact, have positive implications for adaptation to residential care. This hypothesis is reminiscent of Lee et al.'s (2002) study of Chinese long-term care facility residents who identified their community centered value orientation as the key element in their adjustment process (p. 22 in this work).

Work

Even though the concept of work is not directly related to the research question of the present study, given the emphasis all the participants placed on this particular issue, the researcher thought it was necessary to include it in this discussion for a number of reasons. First of all, it may by hypothesized that the respondents attempted to sustain (particularly in the eyes of the researcher who was not familiar with their life histories) their self-concept as valuable and contributing members of the society, to counterbalance their present circumstances. In the context of residential care placement, such effort to preserve the image of a successful individual may be an important element of self-esteem building, and may serve an older adult as a coping mechanism in the process of adaptation to the new environment. Consistent with the Continuity Theory, an aging individual needs to remind him or herself, and others, of who they once were in order to integrate the past with the present experience (p. 4 in this thesis).

Secondly, a heightened sensitivity to the availability and ability to work is consistent with the respondents' life histories. The first and foremost concern of an immigrant is that of income maintenance. In light of the crude necessity of having to make a living, other concerns, such as ethnic traditions, not surprisingly take second stage. In the absence of the familiar "social safety net" that the traditional community

would provide (and the modern safety net in the form of welfare state intervention was not considered an option by the respondents), work not only symbolizes economic stability and upward mobility, but meets even more basic need for survival. In an unpredictable, alien environment work provides security and a sense of agency and control over the environment. Indeed, all the respondents described their sense of well-being during the initial stages of migration in terms of either their ability to work or the availability of employment.

The work ethos also has its roots in traditional culture. In a traditional agrarian society work is more than merely a means to sustain one's livelihood- it is a way of life. Work is performed according to the natural cycles of the seasons and days with no "time off" or "retirement". Everyone, including children and the elderly, is expected to contribute according to their age and ability (Chrobot, 1982). The type of work performed is one of the key factors that determines one's place in the hierarchical structure of the community. Furthermore, a strong work ethic is also an integral part of a Catholic doctrine that has elevated work to an almost spiritual calling and responsibility (i.e.:"I worked. I worked very hard. Well... but it was all for the praise of the Lord").

Religion

The absolutely central role that religion has played for the Polish nation throughout history cannot be overestimated. It is beyond the scope of the present work to discuss the genesis and implications of Polish religious culture, but it is important to emphasize that for a Pole religion is not a Sunday-only affair, but rather an integral part of every aspect of public and private life. Religion has permeated every aspect of social life and left a permanent imprint on the nation's mentality. In the context of migration, religion became an expression of national identity. It is safe to say that for most Poles to be Polish also means to be Catholic. According to Chrobot (1982) religion continues to play a key part in the life of Polish immigrants to the U.S., serving as a "decompression chamber" that facilitates the transition between the traditional culture of the home country and modern society of the receiving land. Church and a local parish create a physical focal point for the community providing a formal and informal meeting place, an outlet for the concerns of newcomers, or a "job fare"(Pacyga, 1982).

Resilience demonstrated by the study participants can also be traced to the Catholic paradigm that instructs one to "take one's cross and carry it", that is to accept one's destiny as God's will the way Jesus Christ did. To complain about life's hardships would be to criticize God's plan, for even suffering has its purpose in the divine scenario of our lives. According to the Catholic philosophy hardship, grief, pain and suffering are all natural, inevitable and basic elements of human existence. One is to accept them with humility as an inescapable part of one's destiny and to expect a reward in posthumous salvation. This argument is consistent with Magai' et al.'s (2003) work who link resilient coping patterns of older African Americans to their religious background (p.12 in this thesis).

Life history

All the participants in the present study have a history of many transitions: forced or voluntary. In their "pilgrimage" they had to cope with and adjust to many changes. They have done enough of "getting used to" to know that they have the resources to do it again, and to know that, once they "get used to" the new environment, "life gets better". They learned that a "Pole can succeed anywhere" because "we have been hardened by our tough life". The literature, too, suggests that individuals who, over the course of their lifetime developed psychological resources to deal with the stress of adjusting to change, are likely to show successful adjustment patterns during LTC placement (Rehfeldt et al., 2000). Pesenti (1990) argues that for Jewish ethnic groups, owing to their nomadic history, adaptability is an imbued characteristic that aids Jewish elderly in their transition to LTC environment (p. 23 in this thesis). In fact, Jewish elderly consistently demonstrate better adjustment outcomes when compared to other ethnic minority older adults (Sasson, 2001a; Kahana et al.,1993; Pesenti, 1990)

Adjustment to placement

Given the negative image of nursing homes that prevails in society at large, and is supported by some of the literature (Wilkin and Hughes, 1987; Willcocks, Peace, and Kellaher, 1987; Booth, 1985), it is hardly surprising that long term care placement is seldom embraced wholeheartedly by new residents and their families. Nonetheless, the data presented in Chapter IV suggest that participants in this study recognize the nursing home as an appropriate option for frail elderly whose needs surpass their own, or their

families', care-giving capacities. The placement may not be perceived as desirable per se (as implied by the participants' body language, low affect amidst even the most enthusiastic endorsements, or frequent use of external justification for the decision to enter care) but under circumstances of rapidly deteriorating health, or a sudden health crisis, it appears to the subjects as a reasonable and legitimate alternative. This form of admission is consistent with a "rationalized alternative" in the typology of transitions to long-term care developed by Nolan and colleagues (1996), whereby an older adult, although not fully embracing the option to enter care, is nonetheless able to create and sustain a perception that such option is, in fact, reasonable and legitimate. Drawing on the literature, Nolan et al. (1996) further observe that the majority of LTC placements tend to occur under the conditions of a "rationalized alternative".

In this respect, the results of this study depart significantly from the previously reviewed literature, particularly from the work of Synak (1989) and Midre and Synak (1989) as well as Kahana et al. (1993), that documented low morale and general difficulties in adjustment among Polish seniors residing in long-term care facilities. However, these results may have been confounded by the small sample size and voluntary nature of subject participation.

Control over the decision to enter care

There is a voluminous body of literature that suggests that involvement in the decision-making process about long term care plays a key part in a successful adjustment to residential placement (Reinerady, 1995; Mikhail, 1992; Thomasama et al., 1990; Chenitz, 1983). In the light of vast empirical data it may be somewhat surprising that, despite having consistently reported a lack of control over the decision to enter care, the respondents in this study were nonetheless able to make a successful adaptation to the institutional setting. Whether actual or perceived, it appears that, far from being an impediment, the distancing from the decision-making process serves as a coping mechanism for the study participants. The hypothesis that distancing oneself from decisional control can be a coping mechanism, is reminiscent of Reinardy's (1992) work that suggests that, depending on the individual coping style, such distancing can be beneficial in situations of extreme loss. Some people "may decide not to decide", and instead delegate the decision to family or professionals whom they trust (p.102).

Similarly, Davidson and O'Connor (1990) report findings that actually suggest that perceived control over decision to enter care can have negative effect on the long-term adjustment outcomes. In contrast, acceptance of the decision, regardless of whether it was a matter of personal choice, had a positive effect on long-term adaptation. The authors attempt to reconcile their results with those generally reported by the literature by distinguishing between primary and secondary control. Primary control refers to the attempt to regulate the environment so that it fits the needs of the individual. Secondary control occurs when one chooses to accept the environment. Rather than changing the environment, one regulates its impact by adjusting one's cognitive and emotional responses to external events. Examples of such secondary control as an adaptive strategy, which has been conceptualized as resilience in Chapter IV, abound in the narratives of the Polish seniors who participated in this study. When faced with circumstances over which they had little or no control (poverty, war, dislocation, forced labor), they overwhelmingly responded by modifying their interpretation of the situation and making the best of whatever life had to offer at the time (i.e.: "*it had to* be good", "when you are young *you don't care about anything*", "*I'm lucky to be alive*"). This is consistent with much research about the importance of cognitive appraisal in dealing with stressful or traumatic life events generally (Kuiper, Olinger, and Lyons, 1986) and in adapting to long-term care placement specifically (Magai et al., 2003; Greene and Dunkle, 1992).

The hypothesis that distancing oneself from the decision to enter care can be an adaptive tool finds its support in the value that the study participants placed on independence and self-reliance. A conscious decision to enter a residential care facility would represent a departure from their life-long philosophy of resisting help from outside of the family and pseudo-kin network and, by the very nature of long-term care, an ultimate plea for help. In order to remain true to the beliefs they held throughout their lives, the respondents interpreted the decision as either forced upon them by the circumstances (i.e.: "what was I supposed to do?", "*I had to* [...] they wouldn't let me stay in rehab") or instigated by a caring relative or pseudo-kin (i.e.: "[Mr. Proust] was the one who suggested that I should come here", "my daughter made the decision"). Going along with the decision may even have been construed by the participants as an act of sacrifice for the benefit of the family. The care givers would either be relieved of their

care-giving duties or would be otherwise satisfied knowing that their frail relative is in the safety of skilled care (see "traditional family value orientation": p.57 in this thesis).

By the same argument, a "hospital", as an obvious and legitimate institution one turns to when in need of skilled medical intervention, seems preferable to a "nursing home" which has the, less socially acceptable, connotations of a place one turns to when there is no family available to provide such help. Similar examples of reframing or "renaming" as a coping strategy, were reported by Porter and Clinton (1992) in their qualitative study on adjustment approaches among nursing home residents.

Continuity

Contrary to the findings reported by Hikoyeda and Wallace (2001) from their study of the life satisfaction of Japanese LTC residents, the participants in the present study expressed a need to maintain a sense of continuity between the placement and their own sense of biography. The ability to relocate to the facility that offers a familiar, culturally congruent environment, undoubtedly enhanced the well being of the subjects and impacted on their adjustment. Continuity as an important factor in life satisfaction of LTC residents, has been described in the literature (Nolan et al., 1996). The perception of continuity is achieved in a number of ways: location of the facility in the heart of established Polish community, familiar food, the ability to observe religious and cultural traditions in the manner to which the participants have been accustomed. However, the most important source of continuity, as identified by all the respondents (particularly those who relocated from non-sectarian LTC settings) was the ability to communicate in their mother tongue. As this appears to be the most significant finding that relates to the research question, it warrants particular attention.

The narratives presented in Chapter IV illustrate the key role that language plays in the lives of the study participants. Language appears as an element central, almost to the exclusion of any other, to the preservation of ethnic identity and maintenance of cultural traditions. In fact, Chrobot (1982) argues that, historically, Polish immigrants focused their efforts to maintain their national identity on preservation of their language. Language is the basic and obvious, although not the exclusive, element of communication therefore the participants instinctively identify language as synonymous with communication.

It is important to remember, however, that in any culture, much of communication takes place outside the realm of a spoken word. True meaning is often revealed through the subtleties of a tone of voice or body language. Some "common truths" and socially accepted normative expectations are taken for granted and omitted from communication, overt or covert, altogether. The assumption is that they are well known and understood by all and need not be evoked ad infinitum. Communication at such higher levels requires empathy- an important element in all caring relationships, particularly in the context of long-term care (McGilton, 2002; Hollinger-Samson and Pearson, 2000). It may be hypothesized that the participants in this study either knew, or instinctively felt, that it is more likely that their need to establish empathic communication with staff would be met in an environment that is most congruent with their cultural background.

The narrative in which one of the participant spoke of her encounter with a bank clerk, perhaps best illustrates what happens when an effort to establish an empathic communication has failed. The respondent approaches the clerk with the expectation that her need for additional support will be communicated, either by her body language, or otherwise obvious to anybody who cares to imagine what a "foreigner" with little knowledge of either the language or the customs and procedures of a Canadian bank, may feel like. The respondent expects the clerk to act on these cues and, rather than asking for help herself, looks forward to the clerk's offer of assistance. When no such assistance is forthcoming, the respondent reacts with disappointment and resentment. The respondent labels the clerk (and along with the clerk, the entire Canadian society) as one who is either unable to read, or unwilling to act on these cues, in effect as one "without a heart". The "having a heart" versus "not having a heart" metaphor is quite accurate since empathy refers to communication at an emotional level, and is defined as "feeling in oneself the feelings of others" (Strayer and Eisenberg, 1987, p. 391).

The encounter of this participant with the bank clerk brings together two points. One is that of empathic communication or, rather, lack thereof. Another speaks to the cultural context of giving and receiving help. In order to understand how Polish seniors build their relationships with nursing home staff it is necessary to examine how giving and receiving help, particularly under circumstances in which there is an imbalance of power (for instance, one person being dependent on another to perform activities of daily

living) between the helper and the helped, is negotiated in Polish culture. The need for help is often articulated a' posteriori, as an expression of gratitude for help already received rather than a' priori, as a request for help required.

As previously discussed, for the Polish seniors who participated in this study unconditional help is acceptable only within the family and pseudo-kin network. Beyond the immediate social support network help is a subject to a strict rule of reciprocity. It is not appropriate to request or even accept help when one is not in a position to reciprocate. Failing the ability to reciprocate, one feels obliged to decline offerings of help in order to "save face". It is not, however, a signal for the helper to withdraw but rather to insist, even humor the recipient into accepting help thereby creating a perception that the helper is offering assistance in order to satisfy his or her own needs. The parties engage in this "power struggle" of sorts in order to eliminate or, at the very least, diminish the imbalance between the helper and the help recipient. The parties engage in it for however long it takes for the recipient to develop trust in the relationship. Once the relationship of trust is established, the recipient feels obliged to express his or her gratitude (both for the help itself as well as for having the opportunity to "save face" in the process) most commonly by a way of a small gift (i.e.: "I had to [...] 'buy my way in' [...] a box of chocolates, you know...").

Building meaningful relationships with staff

The participants in the present study seem to interpret quality of care in terms of the ability to engage in an empathic communication with their care providers, in essence, with the ability to form a close, family-like relationship with the staff. It is important to note that while none of the respondents directly indicated any problems related to the instrumental care provided by staff of non-Polish backgrounds (i.e.: "they *do* their job", "it was good there [in the previous, non-sectarian placement] too") they nonetheless perceive the quality of care provided by the Polish nurse-aids as superior (i.e."[...] I was pleasantly surprised with the quality of care here. The other nurses [in previous non-sectarian placement] did not *give as much heart.*", "*I trust more here*"). The ability, actual or perceived, to engage in an empathic communication facilitated by a shared cultural background may be the key element that sets the two LTC environments- Polish vs. non-sectarian- and their staff apart.

While long-term care residents' need to form meaningful and genuine relationships with their care providers has been recognized and documented in the literature (McGilton, 2002; Hollinger-Samson and Pearson, 2000), it may be particularly important to ethnic minority seniors. Their culture-bound values define help as a commodity negotiated only within family and pseudo-kin network. For the participants in this study the service provider-consumer model may not be an appropriate framework in which to ask for, and accept, help. It may be hypothesized that the respondents made a conscious effort to befriend the staff members who are closely involved in their day-to-day care (nurse aids), in order to create a perception that they are cared for because they are genuinely appreciated and liked (i.e.: "The staff likes me. [...] It is very important. *I was lucky that they like me and I can feel good here.*", " Mr. Proust [...] used to work here [at the Copernicus Lodge] but *he helped me* [to organize placement] *as a friend.*") rather than because they pay for the services (as implied by the service provider-consumer model).

Distancing from other residents

Drawing on the above argument it may be further hypothesized that the quality of interpersonal relationships plays a significant role in the context of dependency on care providers, but not in the context of social interactions among the residents. All the participants in this study either made a conscious effort to build, or at the very least appreciated having, genuine family-like relationship with their care providers. There is no indication of similar efforts extended towards other residents. In fact, in some instances the respondents made a clear effort to either physically distance themselves from their peers (i.e.: "I don't participate in the activities.", "I don't like to walk from room to room to bother people."), or otherwise emphasized that they are unique individuals different from, rather than similar to, their co-residents (i.e. "[...] I don't see people here that I would want to discuss politics with.", "They are all farmers here."). Groger (2002) suggests that, in the context of residential placement, such distancing may serve as an important coping strategy for older adults, insofar as it helps them to maintain a sense of self and reminds others and themselves of who they are and where they came from (p. 23, also see: Continuity Theory, p. 4 in this thesis). To carry this argument even further, it may be hypothesized that the respondents resisted getting involved with other residents in

order to counterbalance the personal concessions they made to build strong relationships with the staff (who may or may not be politics savvy).

Summary of Discussion

While the data collected in the interviews with the six Polish residents of the Copernicus Lodge do not provide evidence to fully support a direct relationship between ethnic/cultural values and the level of adjustment to residential care, they nonetheless suggest that ethnic identity may have played at least some part in the experience of nursing home placement. In particular, certain aspects of traditional value orientation as well as personal philosophies that stem from their particular life experiences, may have aided the Polish seniors in the process of transition and adaptation to the new environment. Although generally depicted by the literature as an impediment to successful adaptation to a long-term care setting, traditional family value orientation appears to have served as a positive framework for the study participants. The respondents appraise their placement in positive terms as a benefit the family as a whole (i.e. relieving or preventing caregiver burden) rather than to themselves as individuals. Because help outside the immediate network of family and pseudo-kin appears to have pejorative connotations for the subjects, they attempt to reinterpret their relationship with care providers in order to feel comfortable in the caring relationship. They make a considerable investment of self to build intimate, personal, family-like relationships with nurse aids while, at the same time, asserting their individuality by distancing themselves from other residents.

The narratives of each participant depict turbulent life histories. In response to early multiple losses resulting from dislocation, severing family ties and traumatic experiences of war, the subjects developed resilient coping strategies that have helped them in facing subsequent challenges brought about by changing circumstances. Having coped in the past with multiple traumatic circumstances over which they had little control, they learned the value of cognitive restructuring (such as, delegating the decision to enter care to relatives, or friends or "renaming" the LTC facility "a hospital") in dealing with stressful life events. They are aware of their need for continuity and consciously seek an environment that is congruent with their socio-cultural values. They accurately sense that their need for a genuine caring relationship based on empathic

communication is more likely to be met by care providers who have a good understanding of their values and life experiences. Hence they selectively invest their energies in building personal relationships with staff of the same ethnic background.

In summary, the Polish seniors who participated in this study appear to have made a successful transition to their new environment. They have been able to do so because they believe that, in the context of the well being of the family system, residential care may be the most appropriate option for them. They were also able to reconcile their definitions of help, and strong value they placed on independence, by reconstructing their perception of caring relationship. They have learned the value of cognitive appraisal and restructuring when dealing with stressful events in the past. Groger (2002) suggests that coping strategies of long-term care residents are integral part of their identity. The specific strategies reflect the residents' past experiences and they use them to achieve some sense of continuity (p. 23, also see: Continuity Theory, p.4 in this work).

Chapter VI
CONCLUSION

Summary discussion

The purpose of this study has been to describe, understand and interpret the experience of Polish nursing home residents with respect to the placement and initial adjustment to the congregate environment of a residential care facility. The respondents had the opportunity to reflect on their experiences and voice their opinions about their understanding of the placement. Because of these aims of the study, a qualitative method was utilized. Data was obtained through the qualitative, semi-structured interviews with two male and four female residents of the Copernicus Lodge- an ethno-specific residential care facility in Toronto. Despite the relatively small sample size, this study generated a considerable volume of data relevant to development of hypotheses. The results of this study coincide with much previous research in highlighting the importance of meaningful relationships between residents and their care providers as the key element in the individual perception of the quality of life in a nursing home. It is the quality of interpersonal relationships based on mutual understanding and empathic communication, rather than the quality of instrumental care that plays the key role in the adjustment to residential care setting among the residents of the Copernicus Lodge. The responses of the participants demonstrated time and again that, whether perceived or actual, this relational quality is dependent on the ethno-specific context.

Of interest is that this study does not support the hypothesis often proposed by the literature that traditional family value orientation is an impediment to successful adjustment to a long-term care facility for ethnic minority seniors. In fact, certain elements of traditional culture (considering individual rights secondary to those of family and community or placing spiritual value on sacrifice and suffering) may have aided the Polish seniors in their adaptation to the residential setting. Moreover, the respondents demonstrated a certain dose of ingenuity in their ability to reconcile their traditional value orientations with the norms of a modern society that consider a nursing home to be the option for frail elderly. For instance, they made cognitive adjustments to their definition of help (acceptable only within the context of family and pseudo-kin network) by developing intimate, family-like relationships with their care providers. Similarly, in

order to remain true to their life-long quest for independence and self-reliance, they distanced themselves from the decision to enter care, indicating instead a friend or family member as the primary decision maker. They also refer to the nursing home facility as a "hospital", possibly because of the latter's more socially acceptable connotations. The above examples illustrate that cognitive restructuring served the subjects as a unique coping strategy. Such resilience may have resulted from their histories of life-long "pilgrimage", in which the respondents learned to cope with multiple transitions and adjustments in the course of their lives.

Limitations of the study

There are several significant limitations to this study that may have affected the results. These limitations must be understood from within the context of phenomenology. The goals of phenomenological inquiry are to describe and interpret the phenomena under scrutiny. Causal inferences cannot be drawn from these descriptive findings. Moreover, a 1.5-2 hour interview may have not been sufficient to develop an in-depth understanding of the participants' experiences. Employing the method of ethnography, that incorporates a wider inclusion of data (such as participant observation) could have been more beneficial to the depth and richness of the data. Additional subjects, such as family, care-givers and staff members, could have also been included. Furthermore, due to the qualitative design, the findings cannot be generalized beyond the study sample.

Intrinsic to the qualitative design is another significant limitation of this study: each respondent expressed, overtly or covertly, a desire to reflect on their experience of placement from the perspective of their whole life story, rather than from the framework of the general questions as they appeared in the interview schedule. Consistent with the phenomenological approach, the subjects were given the opportunity to approach the research question on their own terms. While this approach generated a plethora of rich, detailed data, it also accounts for a considerable shift of focus. The concepts that emerged from the interviews depart significantly from the research question, as well as from the themes based on the original literature review. Consequently, additional literature had to be consulted to account for the new themes that emerged from the analysis of the data.

Additional limitations stem from the limited sample size and the voluntary nature of subject participation. It is possible that the findings of this study may be attributable to

sample selection issues. For instance, it may be hypothesized that those residents who agreed to participate in the interview felt positive about the placement, particularly in light of the fact that 50% of the seniors who met the study criteria declined participation (a fairly large proportion as compared to similar studies that included voluntary participants). Those who did not feel positive about their situation may have refused to participate in a study that, although not directly endorsed by, was nonetheless carried out with the approval of, and in collaboration with, the management and staff of the Copernicus Lodge. The high morale could have also reflected the emotional state of the study participants at the time of the interview (approximately six months post admission to CL with, in most instances, previous experience with LTC placement) rather than their accurate responses to the experience of placement. A longitudinal study that would capture the experience prior, during and post placement, would better describe the actual response of the subjects.

Another limitation is that the sample was selected from a single setting. The participants' experience may differ in important ways from that of residents' in other nursing homes. Furthermore, as this was an exploratory study, no attempt was made to capture specific participants with regards to gender, age, socio-economic status, level of physical or mental impairment or educational attainment. These variables may play an important role in the institutional placement of ethnic minority elderly. Future research may need to address these issues of diversity within the study population.

Of particular concern is the fact that the principal researcher (the author) was solely responsible for all phases of data collection and analysis. Hence, the possibility of researcher bias has been greatly enhanced. However, given the scope and fiscal constraints of this project, it was not feasible to obtain human resources assistance. Ultimately then, the findings presented in this report represent the perspective of the researcher.

Directions for future research

The primary goal of this study was to obtain introductory information on how ethnic/cultural identity may impact on the experience of residential care placement among Polish older adults. Continued research is necessary to expand our existing knowledge in this area. In particular, future research may incorporate issues of diversity

by looking at other ethnic groups. Of equal importance would be addressing issues of gender and socio-economic background as important elements in the process of LTC placement. This research shows that the care provider- resident relationship plays the key part in the lives of residents in a residential care facility. It would be of particular interest to learn more about how ethnic minority seniors build their relationships with staff. In what ways can these relationships be fostered and supported? What is the role of family members in enhancing these relationships? Finally, it will be of equal interest to find out the challenges and expectations experienced by care providers as they relate to residents of various ethnic backgrounds. Examining the caring relationship from the perspective of nurse aids would be of vital importance.

Clearly, more inquiry needs to be made into the effect of traditional value orientation on the process of placement among ethnic minority seniors. Future research should examine how ethnic minority seniors construct meaning and negotiate help outside the immediate family network. Similarly, future research endeavors should delve deeper into issues of empathy in the context of residential care among ethnic minority nursing home residents.

Implication for social work practice and policy

This study generated a number of implications for the field of gerontological social work practice. Illuminating the experience and knowledge of Polish older adults who have been placed in a LTC facility, helps social workers provide services that are sensitive to this population's particular needs. It is of the outmost importance for social work practitioners to be knowledgeable about the impact of ethnic identity upon the experience of residential placement. It is also of equal importance that social work practitioners be knowledgeable about the systems involved (such as the family unit and care providers) and what the dynamics are in these systems. What are the traditional family values and how do they impact on the experience of placement? How do ethnic minority older adults negotiate help in the context of their dependency on systems beyond the immediate family network? What are the dynamics of care provider-residents relationship within and outside of the ethno-specific parameter? The results of this study indicate that these are important questions facing social work practitioners who encounter an aging, and increasingly diversified, client population.

This study makes an important contribution to the debate over ethnically homogenous versus non-sectarian nursing homes. The data generated by this research suggest that, in order to maximize the well-being of ethnic minority seniors, the policies that support ethnically oriented long-term care facilities that are located in ethnic communities, and are designed and operated by members of specific ethnic groups, need to be developed. In the current climate of fiscal restraint, and considering escalating costs of health care in general, supporting ethnic communities in their effort to deliver elder care to their own members, may just prove to be cost-effective in the long run.

The implications of this study go beyond developing practices and policies specific to social work. The discussions with participants suggest, time and again, that the quality of the caring relationship is critical to the residents' well being. The respondents clearly point to their care providers as their primary source of emotional support insofar as they depend upon their ability to develop a close empathic relationship with them. The nurse aids, then, are called upon to provide far more than the instrumental care for which they are primarily employed. In order to be effective in this dual role, they too need to be supported in their work environment.

Concluding remarks

The research on ethnicity and aging has been vast and varied. However, gaps still remain in the literature. One area that is lacking in the research field is the experience of Polish-Canadian older adults who have been placed in a LTC facility. In fact, there has been very little research on Polish seniors in Canada overall, and where there is research on this population, they are typically grouped within the larger and much more diverse group of White or Eastern Europeans. This is one of the first qualitative studies that have attempted to look at the experience of placement among Polish seniors in Canada. Its primary contribution is that it has brought awareness to the issues of ethno-cultural values in long-term care.

The present research study, focusing specifically on the experience of Polish seniors, is relevant to social work because it addresses some vital components of social work, such as ethnic diversity. Canada is a pluralistic country where ethnic and cultural diversity is abundant. Social work practitioners need to develop practice models that

include cultural competency in order to effectively work with increasingly diversified client populations.

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APPENDIX B- INFORMATION LETTER

INFORMATION LETTER

My name is Anna Kromer. I am a graduate student at the McGill University in Montreal. I am currently undertaking a study exploring experiences of Polish people who have recently come to live in a nursing home. This study has been inspired by my previous work in the Polish community. My goal is to gather information about the experience of this life transition. I hope to learn how different people cope with the relocation, what obstacles do they identify, and what do they find helpful. Most of all, I would like to find out how does the national/cultural identity affect the experience of relocation. The ultimate goal is to understand and identify specific needs of Polish elderly so organizations and professionals are better able to address them.

I invite you to participate in an interview of approximately 1 1/2-2 hours, conducted at a time of your convenience. With your permission the interview will be tape-recorded. The interview will cover specific aspects of your experience and will be conducted in Polish or English, depending on your preference.

Participation in this study is entirely voluntary and you have the right to withdraw at any time without penalty of any kind. Your decision to participate, or not to participate, will not, in any way or manner, affect the services you receive at the Copernicus Lodge or any other agency. You will also have the right to speak off the record and/or to have part or all of your taped interview erased.

Your responses to the interview will be kept strictly confidential. The audiotapes will be coded by # and stored in a locked cabinet in the interviewer's private home. No persons, other than the interviewer herself, will have an access to the tapes. The tapes will be transcribed for analytical purposes and destroyed at the completion of the study. Any identifying information will be deleted or disguised in any subsequent publication. I will be available to answer any questions you may have about the study or research procedures.

Your help in this research project will be greatly appreciated and could make an important difference to other people in the Polish community as well as the caregivers and professionals who are assisting Polish elderly in the process of relocation to a nursing home. If you are interested in participating in this study, please contact Tracy Kamino at the Copernicus Lodge.

Thank you for your assistance.

Sincerely,

Anna Kromer

APPENDIX D- INTERVIEW GUIDE

INTERVIEW GUIDE

Demographic questions:

1) Age
2) Gender
3) Health status
4) Marital status
5) Family (i.e. children and other extended family members)
6) Length of stay in Canada

Events surrounding the placement:

1) Can you tell me about how you came to live in the Copernicus Lodge? Was the move planned and/or anticipated or unexpected (i.e. precipitated by a sudden decline in health or change in circumstances)
2) Who assisted you in the process of decision making and/or moving (i.e. family, organizations)?
3) If assistance obtained from organizations, were they from Polish community or mainstream? What did you think about their services?

Issues pertaining to ethnicity, culture, and values:

4) How important is the Polish culture to you (i.e. language, food, religious and cultural affiliations)?
5) What was it like to start a new life in Canada?
6) What was it like to raise your children in a new culture (if applicable)?
7) How do you think being Polish impacted on the way your life developed in Canada (including the recent relocation)?

Post-placement issues:

8) How did your moving to the Copernicus Lodge affected your relationship with your family?
9) How did your moving to the Copernicus Lodge affected your other social networks (i.e. friends, church, other)?
10) Is there anything else that you would like to add to make me better understand your experience?