FALLING LEAVES: AN EXPLORATION OF THE PERCEPTIONS OF QUALITY OF LIFE AMONG OLDER AUSTRALIAN CAPITAL TERRITORY (ACT) CHINESE IMMIGRANTS

CHRISTINE PO-HUEI WU

A THESIS SUBMITTED IN FULFILMENT OF REQUIREMENTS FOR THE DEGREE OF MASTER OF COMMUNITY AND HEALTH DEVELOPMENT AT THE UNIVERSITY OF CANBERRA

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This study documents both qualitative and quantitative investigations into factors associated with the quality of life of older Chinese immigrants aged 55 years and over in the Australian Capital Territory (ACT). The study aims to answer the question: What factors influence the quality of life of older Chinese immigrants in the ACT? Based on the evidence of prior literature, this study focuses on the factors that affect the quality of life among older Chinese immigrants for three reasons. First, very little work has been undertaken on the concept of quality of life in older age among Chinese groups in the ACT or elsewhere in Australia. Second, there is a need to understand the impact of cultural variables on quality of life. Third, the research outcomes have the potential to contribute to enhancing the health and quality of life for all Australians and immigrant groups as they age.

A mixed-methods approach was employed in the study based on the rationale that neither quantitative nor qualitative methods are sufficient by themselves to capture the trends and the details of the situation. The quantitative results provided an overall picture of the research enquiry, while the qualitative results gave a deeper understanding. A survey was used to assess the levels of quality of life among older Chinese immigrants, and the relationships between demographic characteristics and quality of life. In-depth interviews gained insights into the issue relating to the quality of life of older Chinese immigrants.

The survey found that older Chinese immigrants generally had good quality of life in the ACT. The results of MANOVA revealed socio-demographic characteristics, including marital status, age, educational levels and religion were associated with quality of life, but gender, length in Australia and income were not. The interviews revealed that six domains, including health and functional status, autonomy, social participation, Chinese philosophical tradition beliefs, communication, and environmental conditions were associated with quality of life. Older Chinese immigrants defined their quality of life in terms of good health, autonomy and independence, a positive attitude towards life, good relationships with family and friends, the ability to communicate with other people, a well-established social welfare system and participation in social and community activities.

Traditional Chinese cultural beliefs were essential elements affecting the quality of life of individuals. There was evidence of a change in attitude regarding filial piety reflected in the living arrangements and filial expectations among older Chinese immigrants. However, older
Chinese immigrants still held on to a number of traditional Chinese beliefs and values, including being contented, living in the present time and enjoying what is natural. Holding on to certain beliefs appears to have not only enabled these older Chinese immigrants to adapt to their new country but importantly also to enjoy better quality of life.

This study has contributed to the body of knowledge on factors associated with the quality of life of older Chinese immigrants in the ACT. The outcomes of the research will help health and social service providers to improve their cultural competence.
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CONFERENCE PAPERS


CONFERENCE PRESENTATIONS

CHAPTER 1

INTRODUCTION

Good quality of life is like a beautiful Chinese landscape painting. Mountains, water, trees, birds and rocks are common elements in a traditional Chinese landscape painting. These elements occupy different amounts of space in a painting. Some occupy a much larger space, while other elements occupy a relatively small space. All these elements contribute to the balance of the painting as a whole. Viewed from a distance, the painting has both balance and beauty and is pleasing to the eye. Similarly, living a good and balanced life is like a beautiful Chinese landscape painting. Individuals make paintings of their own lives and their paintings represent different perceptions of their quality of life. People may include similar elements in their paintings but arrange these elements in their own way to make their paintings unique.

In reality, people’s quality of life is not always good or balanced. Life-changing events can cause difficulty in life or push their lives away from the point of balance. For example, when older Chinese people immigrate to Australia and cannot speak the language, it is hard for them to maintain their quality of life. Chinese immigrants try to find a balanced life in a Western society. This is like an artist trying to integrate the Eastern elements into a Western landscape painting. They may try many times to repaint the painting in order to create and find balance and harmony.

This thesis examines how older Chinese immigrants in the Australian Capital Territory (ACT) experience quality of life in a new country. ‘Quality of life (QOL)’ is a popular term used in everyday language. However, it is a complex term expressing a dynamic and multi-dimensional concept that has been studied from many disciplinary perspectives. There are a variety of theoretical and cultural perspectives on the concept of ‘quality of life’. This research aimed to answer the question: What factors influence the quality of life of older Chinese people in the ACT? The research focuses on quality of life in older Chinese immigrants for three reasons. First, few studies have been conducted on the concept of quality of life in older Chinese people in the ACT or elsewhere in Australia. Second, there is a need to understand the effect of cultural variables on quality of life. Third, the research outcomes
have the potential to contribute to enhancing the health and quality of life for all Australians and immigrant groups as they age.

The literature reveals that quality of life in old age is the result of the interactive combination of life course and social contextual factors (Walker & Lowenstein, 2009). A number of research findings also highlight the need to explore the key factors that influence quality of life among older migrant groups, including Chinese immigrants (Leung, 2002; Tsang, Liamputtong & Person, 2004; Wong, Yoo & Stewart, 2007). Although one study was conducted which investigated the views of older Canberrans on quality of life, it mainly focused on the environmental dimension and did not look in depth at any cultural group (Day & Egloff, 1991). As a result, the interactions between influencing variables and the quality of life of older Chinese immigrants in the ACT is still not well-understood. For these reasons, understanding quality of life in older Chinese immigrants is important. In the current study, the term immigrants refer to people who enter a country other than their country of nationality and seek permanent residence in Australia (Mann, 2010).

This chapter presents the reasons for undertaking the study and provides a brief background to it, describing the demographic profile of the Chinese community, ageing issues and the concept of quality of life. Section 1.2 addresses the research questions that guided the study. Section 1.3 explains the mixed-methods research selected for this study, including a survey and interviews. Section 1.4 illustrates the contribution and significance of the study. Section 1.5 summarises the organisation of the thesis.

Figure 1.1 presents the relationships between prior work and the current study. It demonstrates parent disciplines, the research problem area and its boundaries, the immediate disciplines, and the central and sub-questions of this study.
Figure 1.1 The relationships between prior work and the current study
1.1 Background to the Research

The current study investigates the nature of quality of life as experienced by older Chinese immigrants in the ACT and the factors that affect their quality of life. This section provides a brief conceptual background to the thesis and describes concepts relating to the effects of ageing and quality of life in older age.

Australia has undergone significant demographic changes with an unprecedented growth in the ageing population. In 2010, approximately 3.01 million Australians (13.5%) were aged 65 years and over (Australian Bureau of Statistics [ABS], 2011). This proportion is projected to increase to between 23% and 25% in 2056 (ABS, 2008). In addition, Australia is recognised as a nation built upon migration with an increasing number of older people coming from a wide range of cultural and linguistically diverse (CALD) backgrounds. For example, based on the 2006 census, the proportion of people aged 65 years and over in the ACT accounted for 9.7% of the total ACT population (31,557 people). Of these, 4.4% (14,275 people) were born overseas (ABS, 2007). The population from CALD backgrounds in the ACT as well as in other States is projected to increase along with a considerable change in its composition (ABS, 2008). Population ageing and migrant health have major effects on economic growth and government expenditure (Chu, 1998; Clark & McCann, 2004), and consequently justify the need to explore the life quality of these older immigrants.

Table 1.1 presents a profile of Chinese immigrants living in Australia and in the ACT. In the 2006 census, there were 5,062 Chinese immigrants\(^1\) resident in the ACT (ABS, 2007); and the Chinese group has become the largest group from Non-English-Speaking backgrounds in the ACT (DIAC, 2008). Because of the small number of older Chinese immigrants living in the ACT, the target population in the present research was Chinese immigrants aged 55 years and over, a total of 728 people (ABS, 2007).

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\(^1\) Chinese immigrants in the current study refers only to those born in China, Hong Kong and Taiwan.
Table 1.1 Profiles of Chinese immigrants (China-born, Hong Kong-born and Taiwan-born) in Australia and in the ACT (ABS, 2007).

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Chinese immigrants</th>
<th>Number of Chinese Immigrants aged 55-85+</th>
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<tr>
<td>Australia</td>
<td>302,754</td>
<td>53,525</td>
</tr>
<tr>
<td>ACT</td>
<td>5,062</td>
<td>728</td>
</tr>
</tbody>
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### 1.1.1 Demographic profile of the Chinese community

Chinese immigrants in Australia originate from mainland China, Taiwan and Hong Kong. In spite of the diversity of their countries of origin and of their socio-economic status, generally these groups of people share many beliefs of traditional Chinese culture (Ferguson & Browne, 1991). This section presents an overview of the three main Chinese groups, the China-born community, the Hong Kong-born community and the Taiwan-born community in Australia.

(1) The China-born community

Chinese migration to Australia started in the early 19th century and an increasing number of Chinese migrants came to Australia in the late 19th century. Motivation for immigration included famines, floods and civil disturbances. The discovery of gold also brought an enormous influx of migrants to Australia from China (Williams, 1999; Department of Immigration and Citizenship [DIAC], n.d.). By 1861, the Chinese comprised 3.4 per cent of the Australian population and represented the second largest immigrant group in Australia (DIAC, n.d.). However, the number of Chinese immigrants was curtailed by the government policy in 1901. The Immigration Restriction Act (also named the White Australia Policy, 1901-1972) almost totally restricted the development of non-European communities in Australia, including the Chinese community (Inglis, 1972; DIAC, n.d.). This continued until the 1970s when the introduction of multiculturalism resulted in a significant increase in the number of Chinese migrants. Moreover, there was a further increase in the numbers following the events of June 4th 1989 in Tiananmen Square when all Chinese students in Australia at that time were offered permanent residence. In the 2006 census, the China-born distribution in the ACT was 3,542 people. The main languages spoken at home were Mandarin and Cantonese. The major religions reported were ‘no religion’ (2,322) and Buddhism (415) (DIAC, n.d.; DIAC, 2008).
(2) The Hong Kong-born community

Most Hong Kong-born people arrived in Australia after the early 1980s, generally as independent skilled migrants or business migrants. The number of immigrants from Hong Kong grew significantly because the British government was scheduled to return Hong Kong to the People’s Republic of China in 1997. The resulting uncertainty about Hong Kong’s economic and political future prompted many Hong Kong-born people to immigrate (Ip, 2001). Between the late 1980s and the early 1990s, Hong Kong became the top source of Australia’s immigrants (DIAC, n.d.). In the 2006 census, the Hong Kong-born distribution in the ACT was 1,244 people. The main language spoken at home was Cantonese. The major religions were reported as ‘no religion’ (533) and Catholic (93) (ABS, 2007; DIAC, 2008).

(3) The Taiwan-born community

Australian censuses have recorded Taiwan-born people as separate from China-born people since 1976. Many Taiwanese arrived in Australia from the early 1980s, mainly as business migrants. Major reasons for migration were to look for new business opportunities and to obtain better educational environments for their children (Ip, 2001). In recent years, an increasing number of migrants have returned to Taiwan because they experienced difficulties in making adjustments in social, business and economic relationships (Ip, 2001). In addition, the average age of the Taiwan-born population is under 30, which reflects the importance of family and student migration (DIAC, n.d.). In the 2006 census, the Taiwan-born distribution in the ACT was 279 people. The main language spoken at home was Mandarin. The major religion was Buddhism (ABS, 2007; DIAC, n.d.).

1.1.2 Growing old

This section focuses on the definition of an older person. It also discusses the effects of ageing and the key developmental tasks of late adulthood.
(1) How old is old?

Ageing is characterised by progressive and irreversible changes in structure and function with time (Minichiello, Alexander & Jones, 1992). The processes of ageing vary between individuals. The timing of old age cannot be precisely defined because the term has different connotations and meanings across cultures and societies. For example, the age of 50 years is considered old for people living in African countries because they generally have a lower life expectancy than many people living in developed countries. The World Health Organization (WHO) defines an older person as ‘a person who has reached a certain age that varies among countries but is often associated with the age of normal retirement’ (WHO 2004, p. 42). In Australia, the age of 60 or 65 has often been accepted as a marker of being old, the start of the ‘old’ stage of life. However, the beginning of old age is sometimes determined on the basis of government policy or for the purpose of programs; for example, a healthy ageing project conducted in Europe aimed to promote healthy ageing among people aged 50 years and over (Swedish National Institute of Public Health, 2006). In Australia, residents are eligible for a Seniors Card once they reach 60 years of age, but access to the age pension is 65 years and will increase gradually to 67 in 2023. The Australian Bureau of Statistics (ABS) in its Disability, Ageing and Carers publication uses 60 as the minimum age for an older person (ABS, 2009). As can be seen, age classifications change over time and vary across social contexts.

With an increase in the number of older people, some researchers have tried to divide older people into different age groups. For example, Burnside, Ebersole and Monea (1979) divided older people into four groups:

- The ‘young old’ range is from 60 to 69 years old. The people in this age group are usually energetic, pursue hobbies and interests, and lead active lifestyles. They may show some evidence of decreased abilities, but generally are in a state of good health.

- The ‘middle-aged old’ range is from 70 to 79 years old. In this range, health problems often become a preoccupation and restrict activities within and outside the home.
• The ‘old-old’ range is from 80 to 89 years old. People in their eighties typically become more preoccupied with their memories and interested in relating their past life experiences to others (Hutchison, 2008). People in this group are sometimes very frail and disabled and may need to be cared for by others such as family or may need residential care.

• The ‘very old-old’ range is 90 years old and over. Health problems usually play a vital role in their lifestyles. People in their nineties often have very limited physical and social activity.

In the current study, the age of 55 years was adopted as the referential age for older people whose quality of life is the focus of this study due to the small number of older Chinese immigrants living in the ACT.

(2) Perspectives on ageing

‘Aging is a continuous, complex, and dynamic process that begins with birth and ends with death. And unless we die in our early years, each of us will grow old and experience the effects of the aging process.’

(Drakulich, n.d.)

An individual’s life can be affected by the direct effects of ageing and indirectly through the effect of ageing on factors that influence quality of life. For older people, adaptation to the normal age-related changes such as personal appearance, physical function, memory and cognitive functioning is one of the key developmental tasks of old age in order to maintain quality of life and lifestyle. Other developmental tasks of older age include adjusting to the decline in physical strength and health, coping with increasing dependency and reducing financial resources that lead to changes in lifestyle and living conditions (Havighurst, 1972). Moreover, people at this stage need to create satisfactory physical living arrangements, perhaps cope with the death of a spouse and prepare for their own death (Hutchison, 2008)

According to Erikson’s model of human life cycle stages, the main life crisis of old age is the struggle between integrity and despair. At this stage, older people reflect on their life and feel
a sense of fulfilment or disappointment. People’s success at this stage leads to feelings of wisdom; otherwise, some people feel regret and despair (McMurray, 2007). Life-span developmental theories also emphasise periods of transition, particularly older age transition, and discuss the meaning and the nature of change and crisis. Alwin and Wray (2005) noted that the structure, sequence and dynamics of events and transitions to ageing have consequences on health and well-being. The transition into retirement can be an ‘identity crisis’ which may lower a person’s self esteem, reduce activities and social participation, and may weaken a person’s performance of other social roles (Miller, 1965; McMurray, 2007). This crisis may have strong negative effects on a person’s sense of well-being (Mutran & Reitzes, 1981).

Immigration in old age is considered an important transition in later life. Older immigrants are likely to face various immigration-related problems, thereby affecting their quality of life in a new country. However, Ying (1996) argued that if immigrants can successfully adapt to the new culture and obtain a broader perspective on the world, immigration may serve as a stimulus for growth and well-being. As a result, immigration in old age may not negatively influence the quality of life of older immigrants and good quality of life is possible.

1.1.3 Quality of life

There is no widely accepted definition of quality of life (Brown, Bowling & Flynn, 2004; Fernadez-Ballesteros, 2010). The term ‘quality of life’ was discussed by classical Greek philosophers such as Aristippus and Aristotle. Modern notions of quality of life refer to concepts of happiness, pleasure, the good life and living well (Smith, 2000; Gilhooly, Gilhooly & Bowling, 2005). Quality of life has also been used by governments to develop social policies and services to improve the health and well-being of residents (Campbell, 1981; Smith, 2000). In the medical and nursing sciences, quality of life is often used in the assessment of disease and treatment outcomes (Rapp, Feldman, Exum, Fleischer & Reboussin, 1999; Greendale et al., 2000). More recently, quality of life has been explored beyond the field of medical treatment by the fields of sociology and psychology. In psychology, for example, the importance of personal values is emphasised in the assessment of quality of one’s life (Felce & Perry, 1995; Schalock, 2000). In sociology, quality of life is
used in social indicators research to monitor the social system and assess public policies and program delivery (Ferriss, 2004).

The World Health Organization Quality of life (WHOQOL) Group recognised a need for a comprehensive definition of quality of life and developed the following definition in 1993. The World Health Organization’s definition of quality of life is adopted as the foundational definition for this study:

Quality of life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (WHOQOL Group, 1993, p. 153).

This definition reveals that quality of life is fundamentally influenced by the individual’s culture and value system. Culture is viewed as an integral element of quality of life (Skevington, O'Connell & WHOQOL Group, 2004). The concept of quality of life necessarily involves the three key characteristics below.

(1) Quality of life refers to a **subjective evaluation**. Quality of life is a personal perception of one’s position in his or her life (WHOQOL, 1993). Individuals’ experiences and values therefore have a great impact on the assessment of their quality of life (Fry, 2000; Gabriel & Bowling, 2004).

(2) Quality of life refers to a **multidimensional concept** involving multiple domains and containing objective and subjective components (Cummins, 1997; Schalock, 2000; Bowling, 2005). It cannot be simply measured either by the objective approach or the subjective approach.

(3) Quality of life consists of both **positive and negative dimensions**. Human life includes both good and bad aspects. Focusing only on either the positive or the negative aspects results in an unbalanced view of the quality of life of individuals (Brown, Bowling & Flynn, 2004).
The term ‘quality of life’ originated in Western societies and is a relatively recent term in Asia. To date, most quality of life studies have been undertaken in Western contexts, and relatively few studies have been undertaken in different Chinese contexts. (Shek, Chan & Lee, 2005). However, studies have often been undertaken on the concept of happiness or a good life in Chinese culture (Lu, 2001; Zhang & Veenhoven, 2008). The Chinese concept of happiness was clearly defined in the ancient Chinese classic, ‘Shang Shu’ (尚書, 772 BC - 476 BC). According to the definition in the Shang Shu, happiness includes five elements, which are longevity (壽), wealth (富), health and peace (康寧), virtue (修好德), and the desire to die a natural death in old age (考終命) (Wu, 1991). Lu’s study (2001) also suggests that the Chinese concept of happiness seems to comprise material abundance, physical health, a virtuous and peaceful life as well as relief from anxiety about death. In Chinese culture, three Chinese philosophies have influenced the behaviour and thinking patterns of Chinese people in their daily lives. These philosophies provide different views on life and differ in their suggestions regarding how to live a good life or a happy life. Further discussion about the influence of traditional Chinese culture on quality of life will be presented in chapter 2.

1.2 Research Questions

The central research question for the study explored the factors influencing the quality of life of older Chinese immigrants in the ACT. The study focused on investigating the quality of life in older Chinese immigrants because the outcomes may foster a better understanding of the experience of ageing in this population and potential strategies for promoting healthy ageing in relation to social policy and practice in migrant aged care services.

Additionally, the research on quality of life and its relationships to culture in older Chinese immigrants in the ACT is not well understood and has not been well studied. The central research question subsumes three associated sub-questions:

1: How do older Chinese immigrants define their quality of life?
2: How do traditional Chinese cultural values and beliefs impact on the views of quality of life?
life in older Chinese immigrants?

3: What demographic characteristics of older Chinese immigrants influence their quality of life?

1.3 Research Methods

Exploring perceptions of quality of life in older people and examining the vital factors that influence their quality of life are important areas in quality of life studies. Bowling (1995) has argued that the concept of quality of life among older people has both complexity and multi-dimensionality and therefore requires a deeper understanding. The literature also suggests that traditional quantitative measurement scales may not be appropriate to measure or define the concept of quality of life whereas a mixed-methods approach that includes both quantitative and qualitative techniques provides an opportunity to thoroughly understand the quality of life of individuals (Molzahn, Skevington, Kalfoss & Makaroff, 2010). In order to seek empirically rich data to provide theoretical explanations for the research questions under study, a mixed-methods approach was employed.

The first phase of the study incorporated a quality of life survey. The purpose was to investigate the levels of quality of life among older Chinese immigrants in the ACT. Salkind (2009) suggests that a survey should be used to examine the relationships between variables and taps into the characteristics of the population, including attitude and preferences. In order to generate an overall quality of life score and understand the relationship between demographic characteristics and quality of life, a self-administered questionnaire (World Health Organization Quality of Life for Older Adults, WHOQOL-OLD) was used to investigate the quality of life of older Chinese immigrants. A total of 100 questionnaires were distributed to participants, 66 were returned, 6 of those subjects were excluded because of incomplete questionnaires.

The second phase of the study involved quality of life interviews. In-depth interviews between the researcher and participants are directed toward understanding participants’ perspectives on their lives, experiences or situations as expressed in their own words’ (Taylor
This study used in-depth interviews for two reasons. First, there were few studies available about the quality of life of Chinese immigrants. Second, the research would consider a complex topic which needed a broad understanding of quality of life. The study used the in-depth interview technique for collecting data and a purposeful sampling selection strategy to choose the study participants; in this case, eight participants were selected. The study used content analysis to analyse the interview data.

1.4 Significance of the Study

People from different cultures bring different meanings to the concept of quality of life, based on various cultural values, beliefs and social structures. The concepts may also be regulated over time in response to changing circumstances, such as migration to a new country. This study provides further clarification of the complexity involved in the interaction of cultural values and the quality of life of older Chinese immigrants. The study also contributes to the development of a comprehensive picture and the body of knowledge on quality of life issues for migrant Chinese in the ACT.

The current study adds evidence to the understanding of the core factors associated with the quality of life of older Chinese immigrants in the ACT. Some researchers suggest that a holistic approach to promoting quality of life in migrant populations must identify the influence of physical, psychological, social and cultural factors that are important to older people (Grewal, Nazroo, Bajekal, Blane & Lewis, 2004; Rao, Warburton & Bartlett, 2006). The current study contributes to policy and practice by identifying the key factors that promote, maintain or hinder quality of life, and thus helps to foster better strategies for improvement in later life not only for older Chinese immigrants, for example, for immigrants from similar cultural backgrounds such as those from Korea, Japan and Vietnam.

This study has implications for health and social services providers and government agencies which are attempting to promote aged care services and the quality of life in migrant populations. The effectiveness of health care and the provision of support for older people are
important in maintaining and enhancing their quality of life. It is hope that this can be used to improve the service providers’ understanding of quality of life of older Chinese immigrants, in terms of Chinese cultural perspectives, thus developing the cultural competence of the providers and promoting the delivery of health and social care services.

1.5 Organisation of the Thesis

This thesis is organised into five further chapters:

Chapter 2: Review of the literature. This chapter discusses the nature of quality of life from diverse disciplinary contexts. It introduces a number of examples of factors affecting quality of life among older people and older Chinese immigrants, and reviews the impact of traditional Chinese cultural beliefs and values on people’s thinking and attitude towards older age. Additionally, the measurement of quality of life in older people is also discussed in this chapter.

Chapter 3: Research method. This chapter describes the rationale for the choice of a mixed-methods approach in this study. The research techniques used in the current study, including the survey and in-depth interviews are explained. The chapter addresses specific features of the research design, data collection and data analysis. The limitations of the study are also discussed.

Chapter 4: Quality of life survey. This chapter presents the findings of the survey. It examines which demographic characteristics are associated with quality of life in older Chinese immigrants. It also shows the relationships between quality of life domains and demographic characteristics. Finally, a comparison of the quality of life of older Chinese immigrants and older Australians more broadly is made.

Chapter 5: Quality of life interviews. This chapter reports the results of in-depth interviews with older Chinese immigrants. The chapter includes vignettes of the participants and the results of the content analysis of the interviews. The chapter identifies the important domains that constitute a ‘good’ quality of life or a ‘poor’ quality of life among older Chinese
immigrants and provides a valuable complement to the survey data.

Chapter 6: Discussion and conclusion. This chapter discusses the findings of both quantitative and qualitative studies. It revisits the research questions of this study and describes the implications of the study for the promotion of the quality of life for older Chinese immigrants. Finally, this concluding chapter explores potential directions for future research.

1.6 Chapter Conclusion

The concept of quality of life in older Chinese immigrants in the ACT has been little studied and is not well understood. Some relevant work appears in the literature on well-being (Day & Egloff, 1991) and health related quality of life (Gannon, Gordon & Shadbolt, 1997). However, the concept of quality of life in these studies is inadequate for an understanding of the quality of life of older Chinese immigrants in the current social context. The study seeks to address the gap in the literature review by exploring factors that influence the lives of older Chinese immigrants, both on negative and positive domains and its link to overall quality of life.

The next chapter will present a review of the literature related to the research aim. This literature review contains an in depth analysis of the key components of quality of life.
CHAPTER 2
LITERATURE REVIEW

This chapter provides the conceptual background of the thesis. It aims to (i) understand the conceptual dimensions of quality of life by discussing the nature of quality of life from the perspective of different disciplinary contexts; (ii) identify the key factors influencing the quality of life of older Chinese immigrants, in terms of the physical, psychological, social, environmental and other relevant dimensions; (iii) review materials relating to ageing, immigration, and Chinese cultural values and beliefs; (iv) understand the measurement of quality of life in older people.

2.1 Understanding the Concept of Quality of Life

As the ageing of the population becomes an increasing challenge and people’s expectation of a good life within the society has increased, more attention has focused on the quality of life of older people. The term ‘quality of life’ is used in everyday language. However, the notion of quality of life is vague and it is therefore not easy to arrive at a precise and generally agreed upon meaning. Studies in social, psychological and philosophical disciplines have devoted careful attention to understanding and defining the concept of quality of life.

2.1.1 Quality of life across disciplinary contexts

Quality of life is an amorphous and multifaceted complex construct encompassing various dimensions. A standard definition and measure has not been agreed upon yet amongst researchers (Farquhar, 1995; Hass, 1999; Fry, 2000; Rapley, 2007; Fernandez-Ballestero, 2010). What does quality of life mean? The term ‘quality’ implies a degree or grade of excellence (Bowling & Windsor, 2001) and refers to assessments by persons in both objective circumstances in which they live and their subjective experience. The concept of quality of life may mean different things to different people. Researchers from different disciplines approach the notion from the perspective of their individual research interests and their purposes vary (Farquhar, 1995; Bowling & Windsor, 2001).
(1) Philosophical foundation of quality of life

Interest in the evaluation of quality of life is not a new phenomenon. Researchers have traced the philosophical origins of the concept of quality of life back to ancient Greece. The Greek philosophers discussed the nature of the good life for the individual and the society. For example, Aristotle advocated that the goal of life is to experience the maximum amount of pleasure and that happiness is the sum total of hedonic moments (Ryan & Deci, 2001; Gihooly et al., 2005). Aristotle thought that happiness (the good life) comes from the fulfilment of one’s capacities by doing what is worth doing (Shin & Johnson, 1978; Ryan & Deci, 2001). In Aristotle’s view, living well is not just related to feelings, beliefs or experiences; the good life also consists of personal fulfilment of the purpose of being human, namely leading an active rational life (Megone, 1990).

Haybron (2000) differentiates three distinct philosophical concepts of happiness, which he calls ‘psychological happiness’, ‘prudential happiness’ and ‘perfectionist happiness’. First, psychological happiness refers to a hedonic concept, which is a temperate concept of positive affect such as feelings of pleasure and joy. Secondly, prudential happiness is leading a good life as it involves both feelings of happiness and the action that generates personal growth. This means that having a happy life involves an evaluation of how one’s life is going. Csikszentmihalyi (1997) also argued that leading a good life is to engage in activities that help people grow and fulfill their potential. Thirdly, perfectionist happiness refers to a life that is good in all aspects, including a moral life. Perfectionist happiness can be achieved when a person achieves a state of well-being and leads a moral life (Haybron, 2000). Lane (2000) applied the concept of perfectionist happiness to define quality of life as the relation between a person’s subjective and objective sets of circumstances. The subjective elements comprise a sense of subjective well-being and personal development, learning, growth. The objective elements reflect environmental conditions. As a result, the quality of life of a person is a function of both the quality of the person’s character and environmental conditions surrounding the person (Sirgy, 2002).

From this philosophical perspective, the pursuit of a good life is always the ultimate goal of human action. However, what does the good life itself mean in the field of philosophy? Smith (1980, p. 21-27) summarised the following characteristics of ‘the good life’:
Chapter 2.
Literature Review

1. Maximum gratification of desire …living well is primarily a matter of having whatever one wants to have and doing whatever one wants to do.

2. Dominant-end views …one selects, from the wide array of human goods, one dominant end or cluster of ends, to be pursued to the relative exclusion of other ends.

3. Purpose in life views …one’s life becomes a good one by contributing to an end that lies beyond it.

4. Living up to one’s major expectations …Happiness in this view is largely a function of a cognitive judgment that the real conforms to a reasonable ideal.

5. Human flourishing ...One grows toward the good life by progressively actualizing one’s potential for full human functioning.

6. Satisfaction of need …actual needs are viewed as more or less objective demands of the organism …and to live well is to be relatively successful in meeting one’s needs (p. 21-27).

Based on the view of Smith, the significance of quality of life that is presented here emphasises a number of principle components; namely, happiness, satisfaction with human needs and self-actualisation.

(2) Sociological foundations of quality of life

In the field of social research, social indicators are components of models of social systems. They are used to trace change over time, to monitor the social system, to assess interventions and to predict the future (Johnson, 2002; Land, 2000). The notion of the quality of life arose within the social movement to use social indicators in research and in public policy development (Schuessler & Fisher, 1985; Ferriss, 2004). The term ‘quality of life’ was first used in 1979 as an index term in sociological research (Schuessler & Fisher, 1985). In the sociological field, it refers to well-being as indicated by either subjective indicators or objective indicators (Campbell, 1981). Therefore, sociologists who carry out surveys to identify how the objective side of life (demographic factors and social-economic status) and the subjective side of life (attitude and feelings) influence quality of life have had a major influence on quality of life studies (Andrew & Withey, 1976; Campbell, 1981).
Moreover, sociologists attempt to understand the structure of social systems and its change in response to social forces, such as cooperation and conflict. They also study the workings of the social systems so that the future state of the social systems may be predicted. In sociology, social indicators are employed to measure the quality of life among populations in order to monitor and trace the development of the society (Ferriss, 2004). The concept of quality of life in sociology suggests the need for a balanced development at all levels of society as a whole. It also emphasises that having a stable social system is essential to achieve better quality of life for populations (Ferriss, 2004).

Sometimes the two terms ‘quality of life’ and ‘well-being’ are used interchangeably. The Australia Bureau of Statistics (ABS) generally prefers the term well-being to QOL. In 2002, the ABS developed the Measures of Australia’s Progress that provides a conceptual framework and indicators to measure national progress. The document uses the term ‘well-being’ to refer to the quality of people’s lives (ABS, 2006). Additionally, in an introduction to a new series of social indicators - *Measuring Well-being: Frameworks for Australian Social Statistics 2001*, the ABS maintains that ‘a major driving force in human activity is the desire for optimal health, for better living conditions and for improved quality of life, and thus suggests that measuring well-being is essential for the government to monitor the effectiveness of social policy (ABS, 2001). The ABS defined well-being as follows:

> From birth to death, life enmeshes individuals within a dynamic culture consisting of the natural environment (light, heat, air, land, water, minerals, flora, fauna), the human made environment (material objects, buildings, roads, machinery, appliances, technology), social arrangements (families, social networks, associations, institutions, economies), and human consciousness (knowledge, beliefs, understanding, skills, traditions). Well-being depends on all the factors that interact within this culture and can be seen as a state of health or sufficiency in all aspects of life. Measuring well-being therefore involves mapping the whole of life, and considering each life event or social context that has the potential to affect the quality of individual lives, or the cohesion of society. At the individual level, this can include the physical, emotional, psychological and spiritual aspects of life. At a broader level, the social, material and natural environments surrounding each individual, through interdependency, become part of the well-being equation (p. 6).”
This definition indicates that the measurement of well-being includes making value judgments about what spheres of life that are essential to well-being and the social issues that need addressing most urgently (ABS, 2001). Moreover, Ferriss (2004) also notes that few theoretical concepts have been produced in the name of quality of life in the sociology field; however, sociologists have made major contributions to understanding social system effects on elements of quality of life, such as social structure, crime, inequality and so on.

(3) Psychological foundations of quality of life

In the field of psychology and quality of life research, the recognition that psychological well-being goes beyond the absence of distress and depression and involves the presence of happiness and life satisfaction has had a major influence in psychology (Diener, Oishi & Lucas, 2003).

The importance of the subjective aspects is a feature of quality of life from a psychological perspective. This often equates with perceived subjective well-being and the extent of pleasure, happiness and satisfaction with life (Andrews, 1974). In other words, quality of life in the discipline of psychology can refer to an aspect of individual subjectivity, a psychological quantum expressing the satisfaction of people with their individual lives (Rapley, 2007). The evaluation of subjective quality of life is often based on the model of subjective well-being, in terms of people’s emotional responses, satisfaction with important domains, and global judgments of life satisfaction (Diener et al., 2003).

From this perspective, quality of life is seen as an individual construct. Many researchers have emphasised the significant part played by the individuals’ values and aspirations in determining individual quality of life (Felce & Perry, 1995; Cummuns, 1997; Fry, 2000; Schalock, 2004). There is now a range of definitions in the literature, all of which place emphasis on the importance of personal values. Examples of these definitions are presented below.

One such definition is that of Felce and Perry (1995, p.61) who regard quality of life as “an overall general well-being that comprises objective descriptors and subjective evaluations of physical, material, social, and emotional well-being together with the extent of personal
development and purposeful activity, all weighted by a personal set of values.’ Another similar definition appealing to the relativity of personal values is provided by Cummins (1997) who believes that personal values, life conditions and life satisfaction interact to determine the quality of life of individuals. The significance of either objective or subjective appraisal of a life domain is interpretable only regarding the importance the individual places on it. A similar view was also expressed by Schalock (2000, p.121) that ‘quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community and emotional well-being. Objective domains comprise culturally relevant measures of objective well-being. Subjective domains comprise domain satisfaction weighted by their importance to the individual’. These definitions reveal that quality of life stems from the degree of fit between individual values, life conditions, experience and social context. Consequently, researchers need to take both subjective and objective aspects of life into account when defining the concept of quality of life.

(4) Biomedical foundations of quality of life

Medical interest in measuring quality of life was stimulated by success in prolonging life and by the recognition that this may be a mixed blessing. In other words, patients want to live, not just survive (McDowell, 2006). Consequently, quality of life has become an increasing consideration. In the biomedical field, quality of life is sometimes referred to as health-related quality of life (HRQOL), has a long tradition attributable in part to the addition of the word, ‘health’ (Patrick, 2006). Health-related quality of life concentrates largely on health outcomes, the physical body, and disease or how impairment limits an individual’s capability to fulfill a normal role (Carr, Gibson & Robinson, 2001; Patrick, 2006). HRQOL attempts to understand the quality of life of individuals in the context of their health and illness.

There is no consensus on the definition of the concept of health-related quality of life. The interpretations of health-related quality of life depend on the purpose of the studies by the researchers. For example, Patrick and Erikson (1993) defined health-related quality of life as the value assigned to the duration of life as modified by the impairments, functional states, perceptions and social opportunities that are influenced by disease, injury, treatment or policy. The US Centre for Disease Control and Prevention described health-related quality of life as
“those aspects of overall quality of life that can be clearly shown to affect health—either physical or mental” (Centers for Disease Control and Prevention [CDC], 2000). These definitions place emphasis on either physical functioning or subjective well-being.

Health-related quality of life is often based on a disease model of ill-health and dependency. The measurement of HRQOL is used to identify the impact of health status and disease on physical and mental decline as well as impaired role functioning (Brown et al., 2004). The assessment of health-related quality of life has emphasised the importance of understanding how patients feel and how satisfied they are with treatment (Carr & Higginson, 2001). Furthermore, according to Walker (2005), people with functional limitations may enjoy good quality of life through their environmental support or because of change in their expectations about their health. For example, older people may regard themselves as being in good health even when they are suffering from one or more chronic conditions. This reveals the significance of looking beyond medical criteria in assessing quality of life and the importance of patient-centred measures in such assessments (Walker, 2005; Carr et al., 2001). Assessment of health-related quality of life also plays a critical role not only in the development and implementation of a nation’s health policy but also in the allocation of resources in a nation. At present, the Short Form 36-item Health Survey (SF-36) is the most commonly used health-related quality of life measurement in the assessment of a population’s health perceptions and functional status (Patrick, 2006; Deeg, 2007).

The incorporation of quality of life into definitions of health is also reflected in the field of public health. The World Health Organization (WHO, 1948) defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This definition suggests that health compromises not only the physiological aspects, but also psychological and social well-being. In addition, the World Health Organization Quality of Life (WHOQOL) group (1995) defined quality of life as “individuals’ perceptions of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns”. The concept of quality of life has been subsequently extended to encompass environmental aspects (Patrick, 2006).

The discipline of health promotion aims to help people to have more control over their lives
and improve their own health, thereby improving or enhancing their personal quality of life (Moodie & Hulme, 2004). From a health promotion perspective, assessment of quality of life can identify and estimate the level of needs of target populations for interventions as well as evaluating the cost effectiveness of health or social services (Hennessy, Moriarty, Zack, Scherr & Brackbill, 1994). Raphael and colleagues (1997) also suggest that the purpose for measuring quality of life among older people is to assess the influences of illness and interventions, to appraise their needs, and to identify the areas for health promotion programs. In other words, quality of life can be considered an important goal for health promotion in public health. Health promoting behaviour in the individual provides the potential for improving health and quality of life, and reducing the costs of health and social care services (Lee, Ko & Lee, 2006). A positive relationship between health promotion and quality of life has been identified in the literature (Lee et al., 2006; Mo & Winnie, 2010); for example, Lee’s study (2006) showed that health promoting behaviour, such as regular exercise and alcohol abstinence were significantly related to the quality of life of older people.

The quality of life literature includes the following five characteristics (Lawton, 1983; Haas, 1999; Bowling, Banister, Sutton, Evans & Windsor, 2002; Brown et al., 2004): i) quality of life is an appraisal of an individual’s current life circumstances; ii) quality of life is multidimensional construct, the parts of which affect each other as well as the sum; iii) quality of life is a value based and dynamic concept; iv) quality of life consists of subjective and/or objective indicators; and v) quality of life is often measured by persons capable of self-assessment. In summary, defining quality of life depends on the purposes to which any given operationalisation of the concept is to be put and the literature shows a variety of definitions, across different western disciplinary contexts.

### 2.2 Factors Influencing Quality of Life in Older Age

This section discusses issues related to the quality of life in older age including physical, psychological, social and environmental dimensions. Crucial factors that affect the quality of life of older Chinese immigrants are also discussed.
2.2.1 Quality of life in older age

As with definitions of quality of life generally, there is little agreement on the definition of quality of life in older age. Walker and Lowenstein (2009) identified four important points regarding the quality of life in older age. First, quality of life is a dynamic and complex notion, which reflects the interaction between the various components (Lawton, 1983; Brown et al., 2004). Secondly, quality of life in old age is the result of the interactive combination of life course factors and immediate situational ones (Walker & Lowenstein, 2009). Thirdly, predictors of quality of life in old age often differ between groups of older people. Factors, including good health and functional status, a sense of personal usefulness, social participation, intergenerational family relationships, the availability of friends and social support and socio-economic status are the most common associations with quality of life in old age (Brown et al., 2004; Gabriel & Bowling, 2004). Fourthly, self-evaluations of psychological well-being and health status are more influential than objective measures such as economic or socio-demographic indices in explaining the ratings of quality of life (Brown et al., 2004).

Previous studies have provided some indication of the major issues related to quality of life in older people. Lawton (1983) developed a popular model of ‘the good life’ for older people. He proposed that quality of life in older age consists of the following components: behavioural and social competence, perceived quality of life, psychological well-being and the external, objective environment. Bowling and colleagues (2003) attempted to develop a conceptual model about the quality of life on the basis of older people’s views. The findings of their study showed that having good social relationships and having good health are the two most frequently reported areas of importance in quality of life. Researchers have also found that issues such as autonomy and independence can affect quality of life (Davis, Ellis & Laker, 2000; Fry, 2000; Bowling et al., 2003). Moreover, Walker (1981) proposed that quality of life in old age is affected as much by social-economic factors as by individual and biological characteristics. He highlighted the significance of social structure and cultural context in determining the life experiences of older people as well as their expectations about what is a good or poor quality of life (Walker, 1981).

The following section provides a summary of the factors that have been shown to contribute to quality of life for older people in previous research.
2.2.2 Factors of quality of life for older people

The current study reviewed the literature on quality of life published between 1990 and 2010 and focused upon the factors affecting quality of life for older people. The evidence from published studies on quality of life showed some common findings and some specific factors relating to quality of life in older people. These factors can be categorised into four dimensions, namely physical well-being, psychological well-being, social well-being and environmental well-being.

Factors that influence physical well-being in the physical health dimension include health status, physical function (e.g., eating, sleeping, visual and auditory acuity), independence and physical activity as well as the impact of disease and illness on personal life (Fernández-Ballesteros, 1998; Brown et al., 2004; Leung, Wu, Lue & Tang, 2004; Borglin, Edberg & Hallberg, 2005). Psychological factors related to quality of life are optimism and a positive attitude towards life, contentment, looking forward to things, acceptance, adaptation, self-efficacy and a sense of control (Fernández-Ballesteros, 1998; Brown et al., 2004; Leung et al., 2004; Borglin et al., 2005; Wilhelmosn, Andersson, Waern & Allebeck, 2005). Factors affecting the social dimension consist of having good social relationships with family, friends and neighbours, and involvement in community activity (Fernández-Ballesteros, 1998; Brown et al., 2004; Tsang et al., 2004). The environmental dimension involves factors such as living environment, neighbourhood, housing and transport (Day & Egloff, 1991; Fernández-Ballesteros, 1998; Brown et al., 2004)

Most of the studies conclude that the major factors influencing the quality of life for older people are health, family and social relationships, social support, autonomy, independence, mental well-being, income security and a satisfying environment. Specific factors that influenced the quality of life of older people were found in a number of studies. For example, Fry (2000) found that some older people wished to have the rights to terminate their life when the quality of life becomes untenable. Her findings revealed that older people valued quality of their later life, not just having a long life. Fry also highlighted that personal control and autonomy are crucial to the quality of life of older people. Other studies explored sexuality, intimacy and quality of life for older people (Robinson & Molzahn, 2007; Lassey & Lassey, 2001).
Tsang, Liamputtong and Person (2004) explored the involvement of older people in the ethnic community and found this to enhance quality of life. This finding has been supported by Chappell (2007) who identified ethnic community involvement as a positive factor in promoting the quality of life of older immigrants.

2.2.3 Immigration and quality of life

Immigration is a significant life event, which may have an impact on all aspects of an individual’s life, making the process of adapting to a new country challenging. In addition to the change in environmental circumstances, immigrants may confront difficult situations, such as cultural issues, and changes in health and mental status, as well as social role and networks (Furnham & Li, 1993; Mui, 1996; Chappell, 2007). These changes are interdependent and thus contribute to the stressful experience of immigration and well-being. Immigration in old age is also considered a critical transition in later life, which may have a long-term influence on an individual’s quality of life. The process of immigration and settlement is difficult for people at any age, but especially for old people because it involves a series of complex tasks and changes for individuals, such as learning a new language, culture and customs, changes in lifestyle, behaviour, as well as cultural and social values (Furnham & Li, 1993; Chappell, 2005). All this unavoidably adds additional pressures and difficulties for older people to acculturate to the new country. As a result, immigration in old age can have a range of effects on older immigrants’ quality of life.

As migration is a stressful process, developing personal adaptive strategies and having awareness of support services are important to older immigrants for social adaptation and acculturation. Their coping strategies are often based on the individual’s traditional cultural knowledge and experiences. The literature suggests that having a positive attitude, fostering robust social networks and receiving support in an ethnic community are critical factors in determining an immigrant’s transition and helping immigrants to adjust and moderate the effects of ageing on the quality of their lives (Ferguson & Browne, 1991; Masgoret & Gardner, 1999). This suggests that personal coping strategies, social support and the use of social resources are the key to facilitating the adaptation process involved in immigration.

Research on quality of life has identified that there is a wide range of factors that are
influential in determining the quality of life of older Chinese immigrants. In Chappell and Lai’s (2001) study, social support, health and socio-economic status are related to the quality of life of older Chinese immigrants. In another study, Gee (1999) indicated factors affecting personal quality of life include age, health status, social support and living arrangements. Lai and McDonald (1995) reported psychological well-being, a sense of control and social support as vital correlates of life satisfaction among older Chinese Canadians. Language skills are also associated with personal adjustment to life in the host country (Furnham & Li, 1993; Ying, 1996; Tsai & Lopez, 1997; Rao et al, 2006). Involvement in the local Chinese community was found to be an important factor that affected quality of life in older Chinese Australians (Tsang et al., 2004).

The literature shows that factors affecting quality of life in older immigrants can be multiple and interactive. For example, studies have found that having and maintaining good health contributes to the personal ability of immigrants to function in their social role, to participate in social activities and achieve goals in life (Tasi & Lopez, 1997; Tsang et al., 2004). Psychological stress is another vital factor that has an influence on immigrant adaptation and mental health problems as well as on life satisfaction (Furnham & Li, 1993; Mui, 1996; Leung, 2002). Social support and social networks have also been found to mitigate the adverse effects of ageing on physical and psychological health (Leung, 2002; Mui, 1996; Wu & Hart, 2002; Tsang et al., 2004; Wong et al., 2007) and have a direct influence on older immigrants’ quality of life (Leung, 2002; Tsang et al., 2004). Other significant factors include the benefits of living in a safe environment or a good neighbourhood as well as having a secure income (Tsang et al., 2004; Tan, Ward & Ziaian, 2010) as well as involvement of traditional Chinese culture (Chappell, 2005).

In summary, immigration is a life changing event with implications for personal well-being and quality of life and has an impact on various aspects of an individual’s life. In sum, the quality of life is influenced in complex ways by a broad range of interacting factors.
2.3 The influence of Traditional Chinese Culture on Quality of Life

Cultural values and beliefs can be a key factor in determining how a society views older people and the ageing process. Culture refers to a set of traditional values and beliefs, which are transmitted and shared in a given society (Chu, 1998; Pecchioni, Ota & Sparks, 2004). Importantly, culture is also the guide to the individual experiences, behaviour and thinking patterns that are passed from generation to generation (Chen & Starosta, 1998; Chu, 1998).

Keith (2001) suggested that the core dimensions or attributes of quality of life may differ from one culture to another; researchers therefore cannot take notions of quality of life developed in one cultural context and apply it to other cultures or ethnic communities. As a result, a deeper knowledge and awareness is needed of how culture influences individuals’ own meaning of quality of life and their perceptions of life in general.

2.3.1 Chinese cultural beliefs and values

‘Every Chinese person is a Confucian, a Taoist, and a Buddhist. He is a Confucian when everything is going well; he is a Taoist when things are falling apart; and he is a Buddhist as he approaches death.’

(Allinson, 1989, p. 15)

Chinese culture is built around Confucianism, Taoism and Buddhism as moral, ethical and philosophical principles of life. These Chinese philosophies have been essential aspects of Chinese culture for thousands of years. Most people growing up in a Chinese family are socialized into the beliefs of these three philosophies (Yeo & Meiser, 2003; Hsu, O’Connor, & Lee, 2009).

The practice of traditional Chinese culture may vary across different areas around the world due to changes in political regimes and the social context. Importantly, the essence of traditional Chinese culture in China was changed by the Cultural Revolution. In the 1950s, the Chinese government attempted to eliminate Confucian philosophy from Chinese society and did not allow people to pursue their religious beliefs because it believed that changing the traditional mindset would protect the country from being colonised by foreign powers (De Mente, 2009). However, these actions were only partially successful. Today, the
contemporary culture in China consists of three elements, including traditional culture, communist ideology and western values (De Mente, 2009). The traditional culture mainly encompasses three philosophies, which are Confucianism, Taoism and Buddhism. Of these, Confucianism is undoubtedly the most influential and provides the basis for the norms of Chinese interpersonal behaviour. This section presents summaries of Confucianism, Taoism and Buddhism and demonstrates how these three important elements affect the lives of Chinese people.

(1) Confucianism

Confucianism is the central philosophic background for Chinese culture. It has been a major influence on how the Chinese people live and forms the core of Chinese thinking and behaviour (Chu & Caraw, 1990; Monroe, 1995; Lu, Gilmour & Kao, 2001). Confucianism lies in the teachings of Confucius (born 551 BC). Confucian philosophy is a set of ethical values and pragmatic rules for daily life. It emphasises the traditional boundaries of ethical responsibility, and the ideal of the good human life (Cua, 2000).

Filial piety (Hsiao 孝) and paying respect are important practices in Confucianism. Filial piety is a crucial value of family life, covering the expression of respect, sacrifice, responsibility and family harmony to guide children’s attitudes and behaviour towards parents and older people (Sung, 2000). It is also a crucial duty of all Chinese requiring children to obey their parents during their lifetime and take the best possible care of parents as they grow older (Wong et al., 2007; Chappell & Kusch, 2007). A son is traditionally responsible for older parents, which mean the daughter-in-law is the main caregiver. However, today women are often more educated and many would like to work outside the home. Their working role sometimes conflicts with the caregiver role especially if an older parent needs them. This has been a significant influence on the care behaviour toward older people and their arrangements (Chappell & Kusch, 2007). Moreover, older people in Chinese culture are always accorded high status and treated with respect because the society regards older people as ‘persons with knowledge’ (Lu et al., 2001; Yip, 2003; Pecchioni et al., 2004). However, a number of research studies have found that the traditional system of filial support for older people is changing not only within China but also in Chinese communities overseas. Nevertheless, some researchers argued that filial piety remains highly valued within the society (Ikels,
In Confucian ethics, the Five Constant Virtues (wu chang, 五常), including ren (benevolence), yi (righteousness), li (propriety), chi (moral, understanding), and shin (trust) are the most important virtues in traditional Chinese culture (Cua, 2000). Ren (仁) is generally translated as benevolence, humanity or being kind-hearted and considerate (Zhang, 2002; Yip, 2003). The Chinese character represents the figure of two persons, because ren indicates a relationship between persons in the community. Ren also refers to the affectionate concern for the well-being of persons in one’s community (Cua, 2000; Riegel, 2002). Yi (義) represents righteousness and the appropriateness of doing certain things. Individual behaviour should be proper, right, and fitting in relation to other people (Cua, 2000, Yip, 2003). Following this teaching, taking care of older parents, especially when they are unwell, is a vital responsibility of Chinese people. Li (禮) is the principle of human relationships or rules of proper action, and encourages the development of a righteous character that represents cultural refinement and social concern (Riegel, 2002). Formal behaviour and manners which teach children to honour the Li include honoring parents, loving siblings, respecting elders, trusting friends, and retaining loyalty to the family (Hsu et al., 2009). Zhi (智) refers to the morals and wisdom by which a person has the ability to judge and differentiate between right and wrong, good and evil (Zhang, 2002). This is essential in the practice of moral norms. The Chinese character of shin (信) refers to trust and is often interpreted as the state of mind that is without dishonesty or lies (Zhang, 2002). The Confucian teaching emphasises shin as the foundation of the person.

Moreover, according to Confucius, each person occupies a specific place within the family and society, and has certain duties to fulfil. The five principal relationships are set out as the basis from which people know how to interact with other people and behave in society (Park & Chesla, 2007). These relationships are ruler and subject (government and citizen), father and son, husband and wife, older brother and younger brother, and friend and friend. Confucius taught that peace and harmony could be achieved if people knew their proper place in society and upheld the responsibilities of that place. Among the five basic human relationships, three of the relationships are family oriented. This reveals the strength of the notion that the family is the foundation of society (Park & Chesla, 2007). In addition,
Confucius always employed the male version of the language to define family relationships. The paternal character is clearly expressed in the Chinese system of inheritance. Ancient Chinese society carried the Confucian view of women as subordinate to men. Women were required to follow the principles called ‘the three obediences and the four virtues’ (sān cóng sì dé). The three obediences require women to obey her father before marriage, her husband when married, and her sons in widowhood (Cheung & Liu, 2004). The four virtues encourage women to cultivate themselves in morality, proper speech, modest manner and diligent work (Cheung & Liu, 2004). Today, the Chinese government has legislated a series of laws and regulations to protect women’s rights and interests. Chinese women now enjoyed equal rights with men in political, economic, social, cultural and family life (Heng, 2003; Chappell & Kusch, 2007).

Although the term quality of life is not used in Confucianism, the idea of living a good life (過好的生活) is expressed. First, living a good life one should live up to the virtues, and maintain a positive attitude towards learning. Secondly, taking positive action and thinking things over are essential. Thirdly, adopting a simple lifestyle is important. Fourthly, accepting morality as a precondition for a good life (Lu, 2001; Zhang & Veenhoven, 2008). In sum, Confucians regards a good life as spiritual not material; as moral, not circumstantial.

(2) Taoism

Taoism is both a Chinese philosophy and a religious teaching. It was founded by Lao Zi in the sixth century BC. The classical and most influential text of Taoism is the Tao Te Ching. The fundamental principles of Taoism include the mysterious Tao (way, path), wu wei (non-action, one should let nature takes its own course), passivity, calm, zi ran (naturalness), and the relativism of human ways of life. Compassion, moderation and humility are the three virtues of Taoism (Hansen, 2007).

The Tao (道) is a vital concept in ancient Chinese thought. ‘Tao’ is translated as the ‘path’ or the ‘way’, and the meaning is often equated with course, method, manner, mode, style, means, practice, fashion and technique (Hansen, 2007). In the Tao Te Ching, it is generally used to indicate the unseen, underlying law of the universe from which all other principles and phenomena proceed. Naturalness and reversion are also vital notions emphasised by Taoism.
Naturalness exists in the form of reversion in which all things finally revert to their original peaceful state of balance. The Taoist belief is that real peace of mind depends on how persons understand naturalness and reversion (Yip, 2003; Hsu et al., 2009).

In the teaching of Taoism, it is believed that the Tao can transcend people’s perceptions of right and wrong to an infinite point of view of the universe. Wise persons with Tao do not mind about the comments of others; alternatively, their need is to be within the infinite Tao and let ‘whatever will happen’ happen (Yip, 2003). Taoism also teaches that people should pursue absolute happiness not just relative happiness. The best way to have absolute happiness is to remain in a state of nothingness and care about nothing in the materialistic world and do nothing to alter the Law of Nature and Tao. People should let all things, including life and death, misfortune and blessings happen naturally (Yip, 2003). In addition, the Taoists regard death as a natural process of the course of life. Death is not an endpoint for life and people should take care of their bodies and live healthily. Taoism suggests that a healthy lifestyle is conducive to happiness (Zhang & Veenhoven, 2008).

To sum up, in Taoism, the good life is the simple life, spontaneous in thought and action, in harmony with nature, accepting life and change, and free from all human desire to achieve social ascendancy. In a word, one’s life should be lived in accordance with the Tao.

(3) Buddhism

Buddhism is the religion with a considerable influence on Chinese culture for thousands of years. The primary concept of Buddhism is to attain and maintain a clear, calm state of mind. Mercy, thriftiness, and humility are the three treasures of Buddhism. Moreover, three important concepts in understanding Buddhism are Samsara, nirvana and karma. Samsara is the cycle of continuing appearances through the domains of existence that is understood as transmigration or rebirth (Bowker, 2000). Nirvana, the ultimate goal of Buddhist, is the rebirth cycle come to an end, and the end of suffering (Bowker, 2000; Hsu et al., 2009). Karma is the driving force behind the cycle of reincarnation or rebirth. According to the theory of Karma, every action has a consequence that will come to fulfillment in either this or a future life; thus performing good deeds will have positive consequences, whereas performing bad deeds will produce negative results (Bowker, 2000). Individuals’ present
situations are thereby explained by reference to deeds in their past history, in their present or previous lives. This concept encourages people to do things ‘good’ and ‘right’ and to receive ‘good’ in return (Chen, 1996; Howley, 1999). This will also influence an individual’s next rebirth.

The Four Noble Truths are the central teaching of the Buddha, which lead to enlightenment and explicate the sources of human suffering (Hsu et al., 2009). The first Truth is that suffering is a fact of life. There are four unavoidable physical sufferings, which include birth, age, illness and death. The second Truth identifies the direct causes of suffering as seeking for personal fulfilment or selfish desire. The third Truth is the cessation of desire. To end suffering completely, all selfish craving must be removed, then the person will achieve nirvana, a true happiness, peace and enlightenment. The fourth Truth is an end to suffering if the person follows the ‘Eightfold Path’ to Nirvana, the state of ultimate happiness. Nirvana brings freedom from the endless cycle of personal reincarnations with their consequent suffering, because of the extinction of individual passion, hatred, and delusion (Bowker, 2000; Anderson, 2004).

In order to follow the Noble Eightfold Path, a person is required to strive to obtain the following goals (Bowker, 2000; Anderson, 2004):

1. Right understanding, which means understanding the notion of causality and the Four Noble Truths.
2. Right thought, which means not harbouring thoughts of greed and anger.
3. Right speech, which includes avoiding lying, harsh speech and idle talk.
4. Right action, which means not destroying any life, not stealing and not committing adultery.
5. Right livelihood, which means avoiding any occupation that brings harm to oneself and others.
6. Right effort, which means having the willpower to do one’s best in the right direction.
7. Right mindfulness, which means always being aware and attentive.
8. Right meditation, which means making the mind balanced and calm in order to realise the true nature of things.
In Buddhism, happiness (a good life) can only be found in the ‘Western Paradise\textsuperscript{2}', after nirvana. Only people following the Buddha’s teaching will lead them finally to find happiness, peace of mind and Enlightenment. Physical exercises, meditation, doing good deeds, eliminating desire are the ways to lift up the spirit to reach nirvana and eternal happiness (Lu, 2001).

To sum up, Confucianism and Taoism highlight the importance of maintaining harmonious relationships (Yip, 2003). Buddhism and Taoism emphasise that all phenomena in this world are viewed as a never-ending and cyclic process, between happiness and misfortune, well-being and ill-being (Lu et al., 2001; Yip, 2003). Confucianism, Taoism and Buddhism present three different philosophical systems. These philosophies have been applied to different living circumstances and used to promote quality of life in Chinese society.

\textbf{2.3.2 Traditional Chinese culture and quality of life}

Traditional cultural values can be a major force in influencing the perception of quality of life and in constructing an individual’s subjective experience. Confucianism, Buddhism and Taoism are three main Chinese philosophies, all of which deal with the questions of how people should live and how their images of life are affected. For example, Confucianism emphasises the importance of positive action and thinking things over in order to lead a good life. Taoism exhorts people to follow the rules of nature to have a happy life. Buddhism teaches people to look for their happiness in their own heart (Zhang & Veenhoven, 2008). In addition, the research literature has concluded that traditional Chinese cultural values have an influence on people’s end-of-life decision-making (Hsin & Macer, 2006). Studies on the effects of traditional Chinese culture on quality of life are discussed below.

Ying (1995) investigated cultural orientation in the areas of cultural and social relationships and its relationship with psychological well-being in Chinese Americans. The results revealed that cultural factors have an impact on the psychological well-being of Chinese immigrants. For example, people who have only Chinese friends reported lower levels of depression. A possible reason is that people may be protected from cultural differences and

\textsuperscript{2} The Western Paradise, ruled over by the Buddha Amitābha (Amida). For Pure Land Buddhism, it is the goal attainable by devotion to Amitābha, from which one cannot fall back into rebirth in other domains (Bowker, 2000).
Falling leaves: an exploration of the perceptions of quality of life among older ACT Chinese immigrants

misinterpretations that may occur in ethnically mixed friendships (Ying, 1995). In addition, in an appraisal of older people’s quality of life in Canada, Chappell (2005) investigated whether Chinese culture contributes to older people’s experiences of ageing. Traditional Chinese culture views age as positive and values older people as knowledgeable and helpful to the society. The outcomes of the study suggested that involvement in traditional Chinese culture for older Chinese Canadians was associated with the levels of life satisfaction as well as with this experience of ageing (Chappell, 2005).

Living in the different cultural and social environment of a new country may result in older people changing their value systems or losing traditional roles. In two Australian studies, the researchers found that the older people (either Chinese or Vietnamese) in their study had changed their attitudes and ways of life, and become more independent. This outcome may lead to positive influences which enhance older people’s quality of life (Vo-Thanh-Xuan & Liamputtong 2003; Tsang et al., 2004). The key findings from Tsang’s study are based on in-depth interviews of six Chinese participants. The Tsang study (2004) reported that the cultural norms of filial piety and hierarchical parental authority changed among the older Chinese immigrants studied. However, the issues needed further exploration; for example, how do older Chinese immigrants integrate their cultural values and expectations of family into Australian society, and how do they adjust to the changes in cultural values to pursue a good life in Australia. As a result, the current research explored the ways in which cultural values contributed to the experience of ageing, and whether older Chinese immigrants modified their values and began to adopt the values of the host country to maintain their quality of life.

2.4 Measurement of Quality of Life

There is an ongoing debate concerning the proper ways to assess quality of life. As quality of life is a dynamic concept and individual’s views of quality of life differ, choosing an appropriate and meaningful way to measure various aspects of quality of life is a difficult task. Traditionally, three main approaches have been used in the literature to assess quality of life. The first approach is to use happiness (a psychological construct of affective feelings) as a measure of quality of life (Diener, Sandvik & Pavot, 1991). The second approach is to use
social indicators. This includes subjective perceptions of individuals’ life satisfaction (Andrews & Withey, 1976). The third approach is use of health status as represented through outcomes of illness, functional decline, and physical limitation on personal capability to perform the activities of daily life (Schipper, Clinch & Olweny, 1996).

As discussed, quality of life is a multidimensional concept integrating subjective and objective conditions. There appears to be agreement by many researchers that using multidimensional instruments, which provide a set of multi-item measures of a variety of domains of quality of life are more suitable for older people than are specific or single domain measures (O’Boyle, 1997). Moreover, one of the important measurement issues is a scarcity of older adult-specific instruments for the quality of life assessment (Brown et al., 2004). Research has suggested that a generic quality of life measurement applied to young people is inappropriate to the assessment of quality of life in old adults because the measure may not be sensitive to the different values of people (Bowling et al., 2002). Employing certain instruments that allow older people to identify the life domains influencing most on their life is essential. Recently, the WHOQOL-OLD has been considered as a comprehensive instrument for use with older populations by some researchers (Bowling, 2007).

The literature suggests that quality of life can be measured on three different levels, which are macro, meso and micro levels (Schalock, 2004; Fernández-Ballesteros, 2010) (see Table 2.4.1). This approach addresses the multidimensional nature of quality of life, and acknowledges that the different domains of quality of life can be appropriately measured by adapting a range of techniques (Schalock, 2004). At a macro level, the evaluation component is the population. At this level, quality of life can be assessed through indicators such as Gross Domestic Product (GDP), prevalence of crime, mortality rates, or life expectancy (Fernández-Ballesteros, 2010). At the meso level, the evaluation component is the community. Exploring older people’s perceptions of living in residential facilities is an example of a measure of quality of life at a meso level (Fernández-Ballesteros, 2010). At the micro level, the measurement is focused on the individual perspective. At this level, quality of life is assessed through individual objective conditions such as demographic factors, health status, social and psychological factors, along with subjective self-appraisal such as life satisfaction and happiness. In the current study, the research aims to understand the quality of life of older Chinese immigrants from a micro perspective with a focus on personal perceptions of quality
of life, and generalise findings to target populations.

More recently, the measurement of quality of life has been discussed using the concept of domains of quality of life. The number and range of individual domains specified within quality of life definitions have been investigated within different disciplinary traditions, such as psychology, sociology and health. However, there is little agreement in the literature on which domains of quality of life are of major concern to older people and should therefore be involved in quality of life assessments (Farquhar, 1995; Fry, 2000).

Table 2.4.1 Measurement of quality of life at three levels (Schalock, 2004, p. 207)

<table>
<thead>
<tr>
<th>Systems level</th>
<th>Unit</th>
<th>Measurement focus</th>
<th>Measurement strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macro-level</td>
<td>Population</td>
<td>External conditions (&quot;social indicators&quot;)</td>
<td>• Standard of living</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Employment rates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Literacy rates</td>
</tr>
<tr>
<td>Meso-level</td>
<td>Community</td>
<td>Objective nature of QOL (&quot;functional</td>
<td>• Rating scales (level of functioning)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>assessment&quot;)</td>
<td>• Participant observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Questionnaires (external events and circumstances)</td>
</tr>
<tr>
<td>Micro-level</td>
<td>Individual</td>
<td>Subjective nature of QOL (&quot;personal</td>
<td>• Satisfaction survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>appraisal&quot;)</td>
<td>• Happiness measures</td>
</tr>
</tbody>
</table>

Identifying the key domains influencing the quality of life of older people is essential. A number of reviews of quality of life domains have been undertaken by researchers to produce a definitive standardized set of domains to measure quality of life. For example, Felce and Perry (1995) proposed six domains in their conceptual model of quality of life. The World Health Organization quality of life assessment scale for older adults comprises six domains (WHOQOL-OLD group 2006). Cummins (1997) suggested seven domains following a review of twenty-seven definitions and the findings of surveys.
Most studies include physical health, family and social relationships, autonomy, emotional well-being and environmental components as domains that contribute to quality of life as shown in Table 2.4.2. These domains have often been incorporated into assessment tools or applied to qualitative assessment approaches to investigate the quality of life.

### Table 2.4.2 Domains that contribute to quality of life

<table>
<thead>
<tr>
<th>Study</th>
<th>Aims of study</th>
<th>Core QOL Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cummins (1997)</td>
<td>To investigate which domains are associated with QOL.</td>
<td>Health, community well-being, emotional well-being, material well-being, social and family connections, work and productive activity and safety.</td>
</tr>
<tr>
<td>WHOQOL group (1995)</td>
<td>To develop the WHOQOL-100 and WHOQOLBREF quality of life assessments for general populations.</td>
<td>Physical well-being, psychological well-being, social relationships, environment, level of independence, spiritual.</td>
</tr>
<tr>
<td>Schalock (2004)</td>
<td>To investigate what we know and what we do not know about the QOL construct.</td>
<td>Physical well-being, social inclusion, emotional well-being, material well-being, self-determination, Interpersonal relations, rights.</td>
</tr>
<tr>
<td>Power, Quinn, Schmidt &amp; the WHOQOL-OLD Group (2005) - Old Adults</td>
<td>To develop an instrument to measure QOL for old adults.</td>
<td>Six domains: sensory ability, past, present and future activities, Autonomy, Intimacy, death and dying.</td>
</tr>
</tbody>
</table>
2.5 Quality of Life Definition Adopted for this Study

There is a broad range of definitions and interpretations of quality of life in the literature (Haas, 1999). The original definition of quality of life from the World Health Organization Quality of Life (WHOQOL) group was developed in 1993. The definition reflects the view that quality of life is a subjective evaluation embedded in a cultural, social and environmental context (WHOQOL Group, 1995).

The WHOQOL Group (1993) defined quality of life as:

‘an individual’s perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person’s physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment’ (p. 153).

Over time, however, there have been criticisms of the WHO’s definition of quality of life. Some of the concerns are its decision to adopt six domains and the lack of objective evaluation (Hagerty, et al., 2001). The WHO’s definition suggests that quality of life consists of six domains, which are physical health, psychological state, level of independence, social relationships, personal beliefs and environment. However, the WHO does not provide any justification or rationale for the choice of number and for the omission of other domains found in previous scales, for example, material well-being and productivity (Hagerty, et al., 2001). Moreover, QOL is a multidimensional concept and cannot ignore objective assessment of life conditions. Felce and Perry (1995) argue that a definition of quality of life that overlooks objective evaluation of life conditions may not offer an adequate safeguard for the interests of vulnerable and disadvantaged people. For example, research has shown that objective socio-economic factors influence the quality of life among older people (Higgs et al., 2005).

Although there are some disadvantages in relation to the WHO’s definition of quality of life, this definition has provided a broader, more positive and balanced concept of quality of life. The WHO’s definition is used as the foundation for the current study. The central idea behind
this definition is that quality of life covers three vital features: the importance of self-evaluation; multilevel and complex concepts with a range of components; and the involvement of positive and negative aspects in personal life (WHOQOL Group, 1993). The following paragraphs extend WHO’s definition and integrate it with previous studies.

(1) Quality of life refers to a **subjective appraisal.** Quality of life is a personal perception of one’s position in his/her life. An individual’s experiences and values therefore have a major influence on the assessment of quality of life (Bowling, 1995; Fry, 2000; Gabriel & Bowling, 2004). Mostly important, quality of life is related to an individual’s cultural and ethnic heritage (Schalock, 2000). Quality of life is essentially influenced by the individual’s culture and value system. Culture is viewed as an essential element not a variable to be adjusted for to produce a culture for an appraisal (Skevington et al., 2004). Consequently, culture is important in determining individuals’ perceptions of their quality of life.

(2) Quality of life refers to a **multidimensional concept** involving multiple domains and containing objective and subjective components. It cannot be measured either by the objective approach or subjective approach. In other words, quality of life assessment requires multiple methods to gain an in-depth understanding of life quality in various populations (Cummins, 1997; Schalock, 2000; Molzahn et al., 2010).

(3) QOL consists of both **positive and negative dimensions.** The concept of quality of life often refers to a positive state of human life (Fernadez-Ballesteros, 2010). However, human life includes both good and bad aspects. Focusing only on a positive aspect may result in an unbalanced view of the quality of life of individuals (Brown et al., 2004), and cannot identify dissatisfied areas for improving the quality of their lives.

Additionally, a strength of WHO’s definition is that it presents a holistic view of the individual’s quality of life by acknowledging that culture and personal value play important roles in the conceptualisation and experience of quality of life. Based on the research goal, the participants and the social-cultural context of the current study, the WHO definition was selected as the most appropriate.
2.6 Chapter Conclusion

This chapter has presented the conceptual background of the current study. It reviewed the notion of quality of life in the context of different disciplines, including philosophy, sociology and psychology. A review of literature revealed that existing research studies on quality of life have predominantly been conducted in the Western context based on Western participants with only a few studies concerned with Chinese culture based on older Chinese immigrants. The literature suggests that there is a strong need to undertake quality of life research with different Chinese communities (Shek et al., 2005).

From the literature, it is clear that culture is a significant factor that can influence an individual’s view on quality of life. Very little work has been undertaken in this field in Australia, particularly in the area of Chinese immigrants’ lives. This study is important because of the complexity of cultural values and their role in the quality of life of older Chinese immigrants.
CHAPTER 3

RESEARCH METHOD

This chapter explains and justifies both the methodological approach and methods utilized in this study. A mixed-methods approach offers an opportunity to understand an individual’s perceptions of the significance of various aspects of quality of life (Bowling, 1995; Molzahn et al., 2010). In order to seek empirically rich data to provide theoretical explanations for the research questions under study, both quantitative and qualitative methods were employed in this research project.

Section 3.1 describes the process of selecting and applying suitable research methodologies. The section also describes the main aspects of the research method and the research process.

Section 3.2 discusses the current study’s data collection methods, namely, a quantitative survey and in-depth qualitative interviews. Specific aspects of the research method that are also discussed include data collection procedures and data analysis.

Section 3.3 describes the data analysis methods including descriptive analysis, multivariate data analysis (MANOVA) and confirmatory factor analysis (CFA) that were used to analyse quantitative data. The qualitative data were analysed using content analysis.

Section 3.4 describes the procedures adopted to ensure that the rights of the participants were protected during the course of the research, and the study limitations are also discussed.
3.1 Research Method Selection

This section discusses how a mixed methods approach was chosen and integrated in the study. A flow chart is used to illustrate the activities conducted from 2009-2010. (Figure 3.1.1)

3.1.1 Selecting research methods

The literature suggests that there are four main elements in designing a study, including paradigm, theoretical stances, methodology and methods (Crotty, 1998). A paradigm is a basic set of beliefs or assumptions about the nature of the world that guide a researcher’s enquiry, and provides a foundation for the research (Kuhn, 1970; Guba, 1990). Paradigms inform the use of a theoretical stance that the researcher might use. Then the theoretical stance informs the methodology adopted, which is a process or a design lying behind the choice of particular method. Ultimately, the methodology incorporates the methods, which are the techniques employed to collect and analyse the data (Creswell & Plano Clark, 2011).

Quantitative and qualitative are two general categories of research methods. Quantitative research, including descriptive, correlational, true experimental and quasi-experimental research methods, help researchers examine relationships between variables (Minichiello et al., 1992; Burns & Grove, 1999; Salkind, 2009). Qualitative research, including phenomenology, grounded theory, ethnography, historical and case study research methods, assist researchers to investigate and promote the understanding of human experiences (Minichiello et al., 1992; Burns & Grove, 1999; Salkind, 2009). Salkind (2009) suggests that selecting an appropriate research method needs to be based on the following conditions: the nature of the question asked; the method used to answer it; and the degree of precision the method brings to answering the question.

Creswell and Plano Clark (2011) suggest that quantitative results can provide general explanations for the relationships between variables, but the detailed understanding of what the statistical tests or effect sizes actually mean is lacking. Qualitative data can assist in building that understanding. Consequently, a mixed-methods approach was used in the current study to provide a more comprehensive and detailed understanding of the research questions. A mixed methods approach is a procedure for collecting and analysing data, and
mixing or integrating both qualitative and quantitative findings at some stages of the research process in a single study (Tashakkori & Creswell, 2007). The rationale for mixed methods research is grounded in the fact that neither quantitative nor qualitative methods are sufficient by themselves to capture the trends and the details of a situation. In the current study, the quantitative results provided an overall picture of the research enquiry, while the qualitative results refined and interpreted those statistical results by exploring the views of participants.

The research techniques employed in this study include a survey and interviews. A survey was employed to investigate the relationship between demographic characteristics and quality of life as well as generating quality of life scores of older Chinese immigrants. An interview technique was also adopted to identify the key influences and perceptions of quality of life among older Chinese immigrants in the ACT. Interviews allow the researcher to ask ‘why’ and ‘how’ questions to clarify existing issues about which little is known (Flick, 2003; Rossman & Rallis, 2003; Taylor & Bogdan, 1984). Moreover, interviews can illuminate aspects of the quality of life that were either not covered or were unexplained by the quantitative data. There is little research on quality of life and its relationships to culture in older Chinese immigrants in the ACT. Accordingly, an interview approach was chosen to develop deeper understanding.

It was not possible to cover the entire research topic of this study thoroughly using a single research method. As a result, it was essential to adopt a mixed methods approach to achieve the research goals. Section 3.1.2 discusses the advantages of integrating qualitative and quantitative research methods.

### 3.1.2 Integrating quantitative and qualitative research

Quantitative and qualitative methods both have their benefits and shortcomings. Therefore, research that involves the integration of both quantitative and qualitative approaches is likely to enhance the validity of the findings (Kayrooz & Trevitt, 2005; Creswell & Plano Clark, 2011). Creswell and Plano Clark (2011) summarised six major research design paradigms for integrating both methods into one study (Figure 3.1.1).
Figure 3.1.1 Research design for the integration of quantitative and qualitative research (Creswell and Plano Clark, 2011. P 69-70)
In the first type of research design (convergent parallel design), quantitative and qualitative methods are implemented in parallel. The second type (explanatory design) starts with a quantitative method, followed by a qualitative approach (e.g. interview). The third type design (exploratory design) begins with a qualitative approach to developing the qualitative results. A quantitative phase is then conducted to confirm or generalize the initial findings. The embedded design is applied when the researcher wants to use qualitative data to answer a secondary research question within predominately quantitative data. The fifth type of design (transformative design) is used when the researcher shapes the study within a transformative theoretical framework. In the sixth type of research design (multiphase design), multiphase design is used to deal with a set of incremental research questions, all of which advance an overall objective of the research program (Creswell & Plano Clark, 2011).

The current study used a modified version of the Creswell and Plano Clark (2011) research design based on the explanatory sequential design (Figure 3.1.2). A quantitative survey was used first in order to investigate overall quality of life and possible characteristics affecting quality of life among older Chinese immigrants. This was followed by the qualitative in-depth interviews that sought to understand and better explain the relevant factors influencing the quality of life. Due to time constraints, quantitative and qualitative methods were overlapped during the research process as shown in Figure 3.1.2.

![Figure 3.1.2 Research design for the current study](image)

To sum up, the data provided by the quantitative method explicates the existing relationships between variables and prepares the ground for the qualitative research. Creswell and Plano Clark (2011) offered several reasons for implementing a quantitative method in combination with a qualitative method, including providing a more complete understanding of the research problem, and improving the explanation of quantitative results.
3.1.3 Research conceptual framework

Figure 3.1.3 presents the study’s conceptual framework, identifying the key quality of life determinants drawn from the literature. This study utilised the domains identified by the World Health Organisation as established in the in WHOQOL-OLD survey instrument.

A multidimensional concept of quality of life is used recognising the complex interactions among physical, psychological, social, environmental, and cultural processes. According to the quality of life definition developed by the World Health Organization, no single factor accounts for the quality of one’s life. The range of personal, social and environmental factors determining the quality of one’s life are multiple and interactive (WHOQOL Group, 1995). The conceptual framework in the current study includes two important aspects investigating how six domains from the WHOQOL-OLD module influenced quality of life and investigates other specific factors raised by the participants in the current study.


3.1.4 Research process

Figure 3.1.4 below displays the research process of this study, which includes three stages carried out between 2009-2010. These stages are summarised below.

(1) Preparation phase

This phase included reviewing a broad range of the literature to explore the concept of quality of life. Literature from several disciplines, including philosophy, psychology, culture and sociology was examined. Also, definitions of concepts such as quality of life, healthy/active ageing and traditional Chinese culture were reviewed. The research topic was verified, and the central research question and sub-research questions of the study were established. The research methods were selected.

(2) Phase 1. Quality of life survey

This phase involved conducting a survey to explore the overall quality of life of older Chinese immigrants and the characteristics that influence their view of the quality of life. At present, there are a number of instruments that can be used for measuring quality of life of older adults. The World Health Organization Quality of Life-Older Adult Module (WHOQOL-OLD) is a specific instrument to assess the individual quality of life of older adults. The instrument is available in the Chinese language and has good psychometric performance (WHOQOL Group, 2006) Therefore, the WHOQOL-OLD was chosen as a measurement tool to obtain quality of life data. The participants were Chinese immigrants aged 55 years and over living in the ACT region and the survey was conducted by the leaders of Chinese organisations or groups in the ACT. Due to language barriers, older Chinese immigrants often participate in social gatherings that are held by the Chinese organisations. Delivering a survey during the gatherings was determined to be the most effective way to attract a suitably large number of respondents to participate in the survey.
(3) Phase 2. Quality of life interviews

In this phase, in-depth interviews were conducted to gain a deeper understanding of the quality of life of older migrant Chinese for the study. In-depth interviews were chosen because the concept of quality of life of older Chinese immigrants in the ACT has received little study and this group is not well understood. Moreover, ‘quality of life’ is a dynamic concept and may change over time in response to changing circumstances, such as migrating to a new country. These interviews assisted the researcher to gain a more holistic picture of the quality of life of Chinese elders.
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Figure 3.1.4 Research process of the study

**Preparation phase**

Main activities:
- Review of the literature
- Completion of research ethics application. (2009-2010)

**Phase 1. Quality of life survey**

Main activities:
Survey (March-May 2010)

. Conceptual background established.
. Research topic and research questions developed.
. Research method selected.
. Ethics approval obtained

**Phase 2. Quality of life interview**

Main activities:
Semi-structured in-depth interview (May-July 2010)

. Specific domains of quality of life of older Chinese identified.
. Key aspects link to good or poor quality of life.
. Traditional Chinese culture link to the appraisal of quality of life.

. Quality of life score of older Chinese immigrants gained.
. Main characteristics affecting quality of life identified.
. Comparison with Australia’s data.
3.2 Data Collection

The data collection procedures for the current study included a survey and semi-structured in-depth interview. This section discusses these procedures, and the strengths and weaknesses of the data collection approaches chosen for this study. Chapter 4 describes the details of the survey results; and Chapter 5 presents the details of the in-depth interviews.

3.2.1 Survey

In an effort to measure the levels of quality of life among older Chinese immigrants in the ACT, the first phase of this study relied on a quantitative survey. The questionnaire (WHOQOL-OLD) provides a formal means for the participants to assess their quality of life.

An investigation of quality of life was conducted in Australia through the 2007 national survey of mental health and wellbeing (Australian Institute of Health and Welfare [AIHW], 2010). However, the outcomes only showed quality of life scores in the general population, and the scores may not be taken to represent the levels of quality of life in Chinese groups or other ethnic groups. The literature found that quality of life comparisons between immigrants and the general population show differences in the quality of life scores (Foroughi, Misajon & Cummins, 2001). A survey provides a relatively simple and straightforward approach to the collection of data. In order to understand overall quality of life of older Chinese immigrants, the quality of life survey was conducted in this research to understand the influence of demographic characteristics on quality of life and to generate overall quality of life scores among older Chinese immigrants in the ACT from the survey results. To date, there are no official statistics from which to develop an understanding of the quality of life of this group people in the ACT.

One of the main advantages of questionnaire-based surveys is cost-effectiveness in terms of both cost and time (Kayrooz & Trevitt, 2005; Salkind, 2009). Moreover, this method ensures participants’ confidentiality (Robson, 2002; Kayrooz & Trevitt, 2005). Respondents are more likely to be truthful because their anonymity is guaranteed (Kayrooz & Trevitt, 2005; Salkind, 2009). The other advantage of this approach is that survey data allow the investigator to examine not only the overall indicators around the topic but also to compare these against the
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outcomes from other groups (Walter, 2006).

Questionnaire-based surveys also have some disadvantages. First, surveys may have low
collection and return rates because respondents may not treat the activity seriously (Robson,
2002; Salkind, 2009). Secondly, surveys may not provide in-depth personal responses on
questions concerned with meaning (Walter, 2006); and thirdly, misunderstandings of survey
questions may not be detected (Robson, 2002; Walter, 2006).

(1) Survey instrument (World Health Organization Quality of Life-Older Adult Module,
WHOQOL-OLD)

In recent years, there has been a broadening discussion about the definition of quality of life
and the selection of measurement scales (Bowling, 2005). The World Health Organization has
developed a general quality of life measurement tool (WHOQOL-100 WHOQOL-BREF)
 arising from a need for a genuinely international measure of quality of life, restating its
commitment to the continued promotion of a holistic approach to health and health care
(WHO, 1995). However, researchers have argued that the WHOQOL instrument may not be
suitable for use with older adults arguing the instrument used for measuring the quality of life
of older people should take into consideration the specific characteristics of older populations
(Fleck, Chachamovich & Trentini, 2006; Power, Quinn, Schmidt & WHOQOL Group, 2005).
The WHOQOL group recognised and thus developed the WHOQOL-OLD module (see
Appendix A) that is directed specifically to older people (Power et al., 2005).

The WHOQOL-OLD instrument was developed in 2004 as a self-administered questionnaire
used to measure quality of life among older people. The instrument is based on a cross-
culturally sensitive concept and is available in most of the world’s languages, including
Chinese (WHOQOL Group, 2006). The WHOQOL-OLD has been tested to assess its validity
and reliability in 22 different WHOQOL centres from around the world (Power et al., 2005).
A number of research studies have recognised the WHOQOL-OLD as a useful instrument
with good psychometric performance on tests of reliability and validity (Power et al., 2005;
Fleck et al., 2006; Wang et al., 2006; Peel, Bartlett & Marshall, 2007). The literature also
identified that the WHOQOL-OLD had features that made it more suitable for the assessment
of the quality of life of older people when compared with other measures such as SF-12 or
WHOQOL-BREF (Wang et al., 2006; Bowling, 2007; Peel et al., 2007). As a result, the WHOQOL-OLD is appropriate for use in multinational research, and thus adopted for this study.

The WHOQOL-OLD contains 24 items grouped into the following six facets: sensory functions, autonomy, past, present and future activities, social participation, death and dying, and intimacy (Power et al., 2005). This instrument uses a Likert-type, five-point scale to grade participants’ responses to QOL items. The scoring for the WHOQOL-OLD has higher scores indicating higher quality of life.

Moreover, in order to examine the relationship between demographic characteristics and quality of life, a number of socio-demographic questions were incorporated in the questionnaire by the researcher. These socio-demographic characteristics in this study included gender, marital status, age, years in Australia, employment status, source of income, education level and religion.

(2) Criteria for survey participant selection

In order to recruit suitable participants for the survey, all participants were required to meet the following criteria. Participants were:

- Male or female Chinese aged 55 years and over;
- Born in China, Hong Kong or Taiwan, and had migrated to Australia;
- Resident in Canberra for one year or longer; and
- Living with family or alone in the community, not in residential care.

As discussed in Chapter one, the definition of old age changes over time (for example, with life expectancy or a retirement age) and varies across social contexts. There are two reasons for selecting participants aged 55 years and over. First, early preparation for late adulthood and transitions is a key way for people to adapt to the effects of the advanced ageing process. Therefore, assessing factors that related to the quality of life of the near old age and old age is an important step in furthering efforts to enhance quality of life for Chinese immigrants in Australia. Second, there was a small number of older Chinese immigrants living in the ACT.
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The number of people aged 55 years and over was 745. Of these, 341 people were 55 to 64 years older. This group of people will face their older age transition in the near future. For the purpose of the current study, participants aged 55 or over were regarded as suitable for participating in both the survey and interviews.

Some challenges were encountered during recruitment in the survey phase. During the recruitment process, many of the respondents were very sensitive about signing a consent form. In fact, a number of respondents refused to participate in the survey because they were reluctant to sign the form. Evidence from the literature reveals the difficulties of requiring signed consent form for survey participants. For example, the literature suggests that most respondents who refuse to sign the form, in fact, are willing to take part in the survey (Groves et al., 2009). Singer’s study (2003) showed that requiring a signed written consent form in advance probably discourages some people from participating in a survey. Those people may be willing to participate if no signature were required. This situation has also been identified in the current study, which could be a factor affecting response rates and response quality.

In this study, the respondents’ reactions to the consent form might simply reflect a desire not to participate in the study or may have been a reaction to prior experience or fears of repression in their country of origin. A request for a signature may leave some respondents feeling unsafe. In the current study, two ways were used to increase response rates. First, key persons such as the leader of a community group provided respondents with information about the purpose of the study. Secondly, respondents who had done the survey were able to encourage other potential respondents to participate in the survey. These respondents reassured potential respondents that their participation and signing a consent form would not cause them problems. Feelings of trust and safety were a critical determinant of participation in the survey.

3.2.2 Semi-structured in-depth interviews

This section discusses the qualitative research component of the current study: Semi-structured in-depth interviews (Interview schedule in appendix B). The current study attempts to understand the quality of life of older Chinese immigrants, and the factors that may impact on their quality of life using semi-structured in-depth interviews as a data collection method.
In-depth interviewing is a qualitative method designed to elicit the perspectives of informants on their lives, experiences or situations (Taylor & Bogdan, 1984; Minichiello, Aroni, Timewell & Alexander, 2000). Minichiello and his colleagues (2000) suggest that a key reason for adopting in-depth interviewing is related to the researcher’s view of social reality and how it ought to be studied. They explain that social reality exists as meaningful human interaction between individuals. If the aim of researchers is to develop an understanding of meaningful human interaction, they can identify it through understanding people’s points of view, interpretations and meanings. Therefore, the use of in-depth interviewing is a suitable approach for gaining access to an individual’s words and interpretations (Minichiello et al., 2000).

A semi-structured interview is defined as an interview based on a set of questions, which have been prepared in advance (Minichiello et al., 2000; Flick, 2003). The interviewee’s viewpoints are more likely to be expressed in the relatively openly designed interview situation (Minichiello et al., 2000; Flick, 2003; Robson, 2002). As Minichiello and his colleagues (2000) suggest, the process of the semi-structured in-depth interviews provides greater flexibility than structured-interviews and offers ‘a more valid explication of the informant’s perception of reality’.

Taylor and Bogdan (1998) recommend in-depth interviewing as a suitable research method in four circumstances.

1. The research interests are relatively clear and well defined.
The researcher has to clarify and specify the interest and the scope of his/her studies. This is often facilitated by the researcher’s experience and a review of the literature.

2. Settings and people are not otherwise accessible.
An in-depth interview is undertaken when the researcher attempts to study past events or to attain information on particular types of events or people.

3. The researcher has time constraints.
Compared with studies based on participant observation methods, in the case of studies based on in-depth interviewing it usually takes relatively less time to gain data. This is because the
researcher using participant observation approaches sometimes takes a long time in the preparation of their study at the beginning of the research.

4. *The researcher is interested in understanding a broad range of settings or people.*
The method of in-depth interviewing can offer the contextual descriptive of how the individual experienced a particular research issue. It also provides the individual perception and perspective on the issue.

In sum, the research conditions for this study lent themselves to in-depth interviews. The researcher had a clear and well-defined research interest, and the research was time constrained. Quality of life research in general is exploring a complex topic; the investigation of the interactions between influencing variables and quality of life in older Chinese immigrants in the ACT is not well understood.

However, in-depth interviews have their limitations. The informants may hold back information that they consider to be personal or controversial (Robson, 2002; Kayrooz & Trevitt, 2005) and the researcher’s subjective impression may cause some degree of bias while interpreting and analysing the interview data (Walter, 2006).

**(1) Participant selection for interviews**

The informants selected for the interviews were chosen because they could provide personal experiences and insightful impressions on the quality of immigrants’ lives. The study used purposive sampling to select cases. Purposive sampling is a non-random method in which the researcher selects all the possible cases based on the knowledge of a population and the purpose of the study (Neuman, 2006). This type of sampling also allows the researcher to select information-rich cases for in-depth investigation (Marshall, 1996; Neuman, 2006). Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research. Consequently, the aim of purposive sampling is to select information-rich cases whose study will illuminate the questions under investigation (Patton, 1990).

In this study, interview informants were selected with the following five criteria in mind:
• Aged 55 years and over;
• Born in China, Hong Kong or Taiwan and had migrated to Australia;
• Living in the ACT region for one year and longer; recruiting informants with as heterogeneous backgrounds as possible, including gender, age, marital status and the number of years spent in Australia. A sample of older people with different experience to facilitate maximal information;
• Living with family or living alone; and
• Being willing to share personal experience and options.

Each potential participant received an information sheet (see Appendix E), which summarised the rationale and purpose of the research. The information sheet also included the researcher’s contact detail for further questions or comments. Each informant was asked to sign an informed consent form (see Appendix G) before proceeding with the interview. By signing the informed consent, the participants confirmed that they understood that their participation in the study was entirely voluntary, their interview data were treated confidentially, and their anonymity was preserved.

Awad and Ghaziri (2004) suggest it is crucial to think about whether potential interviewees have experiences and knowledge relevant to the study and whether those informants would be willing to share their experiences, opinions and feelings in the research process. In order to invite older Chinese people to participate in the interview process, an invitation letter (see Appendix C) was sent to potential informants or primary staff working for the Chinese groups, including the Chinese Australian Association, the Chinese Senior Group meeting, the Elderly Welfare Society and the Support Asian Women Friendship Association. Potential informants who agreed to participate were then invited to participate in the interview.

All interview participants were recruited from the existing community groups. Potential interview participants were selected from those who have signed a letter of intent for interviews during the survey. Ten participants who met criteria and were willing to take part in interview were invited to interview. After making contact with those participants, eight participants agreed to be interviewed. However, the final number of participants recruited was determined by analysis of information obtained from those who had previously participated. When conducting the interview data analysis, one of participants was excluded because of age
differences in interviewees, suggested by one of my supervisors. The final number of participants in my study is seven.

(2) Interview questions

The purpose of the current study was to answer the central research question: *What factors influence the quality of life of older Chinese immigrants in the ACT?* This central research question had two sub-research questions for the interview:

1. *How do older Chinese immigrants define their quality of life?*
2. *How do traditional Chinese cultural values and beliefs impact on the views of quality of life of older Chinese immigrants?*

While the research questions were formulated in the academic research terms, the interview questions were expressed in the plain language appropriate for a lay audience. The two sub-research questions were transformed into eight interview questions. The interviews were carried out in a semi-structured style. The interview questions merely guided the discussion process to help gather key information from each participant (Flick, 2003; Rossman & Rallis, 2003). In some cases, follow-up questions were asked to elicit additional information.

In addition, the development of interview questions was based on the six domains from the WHOQOL-OLD. These interview questions were the basic guides for the interviews and are listed below.

1. How do you feel about your life in Australia?
2. Can you talk about the things that you believe are needed for ‘good’ quality of life? You may mention as many things as you like.
3. Can you talk about the things that you believe reduce quality of life? You may mention as many things as you like.
4. Can you tell me about the things that influence quality of life for you?
5. Thinking about all the things just mentioned that give you good or poor quality of life:
   - How satisfied are you with your quality of life?
- What makes your quality of life satisfying?
- What contributes to your dissatisfaction?

6. What would improve your quality of life?

7. What do you do to cope with ageing in your life?

8. How do you think that traditional Chinese cultural beliefs, such as filial piety and thoughts about birth and death, impact your quality of life?

(3) Interview procedure and technique

The interviews for this study were conducted in the meeting room at a multicultural centre in Canberra. Taylor and Bogdan (1998) suggest that finding a suitable interview location where it is possible to talk without interruption and where the participants feel relaxed is essential. While many people may feel comfortable and relaxed in their own home, the reason for choosing a public space enabled interviewees to talk privately and without interruptions by telephone calls, or by friends and family members.

Each interview lasted approximately fifty minutes to one hour. All interviews were conducted by the researcher in Mandarin. All the interviews for this study were recorded with the permission of the participants. None of the participants appeared to be distracted by the presence of the digital recorder during the interview. Field notes were generated to record the participants’ comments and research observations which enabled expansion of notes into rich descriptions of what they observed.

To ensure accuracy in transcription, each recording was listened to two or three times and carefully transcribed for analysis by the primary researcher. Each translated transcript was read and reviewed by the researcher to identify themes emerging from the interviews. The process of transcription generated some preliminary ideas and concepts. All the transcripts were sent to the participants to confirm the accuracy of the data.

Fluency with Chinese meant that the researcher was well equipped to understand the language and original concepts used by the interviewees. In order to minimise bias and ensure
credibility, translated de-identified transcripts were randomly audited by a bilingual translator. Transcriptions were also made available to the research supervisors for scrutiny.

Intercultural communication issues arose during the interview process. Older Chinese immigrants are not a culturally homogeneous group. They come from different areas, with different languages and different cultures. These differences may give rise to a person’s understanding of the meaning of quality of life. For example, the Chinese translations of the term ‘quality of life’ are slightly different in China, Hong Kong and Taiwan. In China the term quality of life is translated as 生命質量 (sheng ming zhi liang), whereas in Hong Kong it is translated as 生命素質 (sheng ming zhi su), and in Taiwan as 生活品質 (sheng huo pin zhi). As a result, Chinese people, particularly elderly Chinese in different regions may interpret the term differently. When conducting the interviews, therefore, the researcher gave a brief explanation of the term ‘quality of life’ in Mandarin to make sure that each participant understood the term. For some of interview participants, ‘quality of life’ is a formal term which might not have been an easy concept to understand. The researcher found that some participants were more likely to accept and use the term ‘a good life’, which is colloquial language, to express their understanding of the term quality of life. This revealed that the term quality of life was perhaps not the most appropriate for use in this study. Use of the term ‘a good life’ was found to be more familiar to the participants and proved to be a better alternative when conducting interviews with older Chinese immigrants. A similar finding was also found in Lau, Chi and McKenna (1998) study. They suggested that the term ‘quality of life’ was not appropriate for use in their study of older Chinese people, particularly those with non-English speaking backgrounds; the use of the general term ‘a good life’ was more familiar to the older people in Hong Kong (Lau et al., 1998). These findings also revealed that research challenges vary not only within the cross-cultural context but also between individuals within cultural groups.

### 3.3 Data Analysis

This section summarises the data analysis approaches used in the study. These included descriptive statistical analysis, multivariable analysis, confirmatory factor analysis (CFA) for survey analysis and qualitative content analysis for interviews.
3.3.1 Quantitative data analysis methods-for survey

Section 3.3.1 describes the three data analysis approaches used in the survey phase of this study. Descriptive statistics were used to calculate the quality of life scores and characterise the study population. Multivariable analysis (MANOVA) was used to analyse the relationship between demographics and quality of life. Confirmatory factor analysis (CFA) was employed to test the appropriateness of the WHOQOL-OLD module, as there appear to be very few studies that measure quality of life among older Chinese immigrants by using WHOQOL-OLD instrument.

(1) Descriptive statistics

Descriptive statistics present an overall picture of ‘what data look like’ and form a basis for quantitative data analysis. Descriptive statistics include frequencies and percentages for categorical data and means, standard deviations and ranges for continuous data. In this study, SPSS 15 was employed for descriptive statistical analysis. The data analysis procedure used the SPSS syntax file for computation of the six facets and the total scores of the WHOQOL-OLD module. The current study used descriptive statistics to present summaries of the sample characteristics and the overall quality of life score and the separate domain scores.

(2) Multivariate analysis of variance (MANOVA)

Multivariate analysis of variance (MANOVA) is a technique for analysing the significance of group differences. It is a generalisation of univariate analysis of variance (ANOVA). MANOVA is used to assess the effects of two groups of independent variables on two or more dependent variables (Meyers, Gamst & Guarino, 2006).

The literature suggests that there are three basic variations of MANOVA, including Hotelling’s T, One-way MANOVA (k-group MANOVA) and Two-way Factorial MANOVA (Meyers et al., 2006). The current study applied one-way MANOVA to investigate which demographic characteristics were significant to the quality of life of older Chinese immigrants and the interactions between these characteristics and the quality of life. One-way MANOVA
(k-group MANOVA) is the MANOVA analogue of the one-way (F test) situation where the investigator assesses the effects of one independent variable with multiple dependent variables.

(3) Confirmatory factor analysis (CFA)

Confirmatory factor analysis (CFA) is a type of statistical technique used to verify the factor structure of a set of observed variables. CFA allows the researcher to test the hypothesis that a relationship exists between the observed variables and their underlying latent construct (Suhr, 2006). The current study employed CFA to explore the suitability and appropriateness of the WHOQOL-OLD facets model, applying a partial least squares (PLS) technique.

PLS path modelling is defined by two sets of linear equations: the inner model and the outer model. The inner model specifies the relationships between latent variables, while the outer model specifies the relationships between a latent variable and its observed variables (Chin, 1998). In addition, the PLS path modelling consists of four assumptions: first, PLS path modelling can address several inadequacies such as missing data and the multicollinearity of the indicators (Cassel et al., 1999). Secondly, PLS can be computed with a small sample size as low as 50 (Chin & Newsted, 1999). Thirdly, PLS is a distribution free method for regression and path modelling (Fornell & Bookstein, 1982). Lastly, PLS is an extension of multiple regression and shares most assumptions of multiple regression except multicollinearity. Partial least squares consist of two kinds of outer models, which are reflective and formative measurement models. The selection of a particular outer model is subject to theoretical reasoning (Diamantopoulos & Winklhofer, 2001). Moreover, as Chin (1998) suggested there are two procedures for assessing partial least squares path modelling: (1) the assessment of the outer model; and (2) the assessment of the inner model. Figure 3.3.1 represents a two-procedure of partial least squares path modelling assessment.
(4) Comparative analysis of Australian quality of life data

The Student’s Test is the most commonly used method for testing differences in means between two samples (Meyers et al., 2006). The present study employed the Student’s t-test to compare whether quality of life differs between older Chinese immigrants and other older Australians. Comparative older Australian data was incorporated into the current study from a completed study by WHOQOL-Group (2006).

3.3.2 Content analysis - for semi-structured in-depth interviews

The study uses content analysis to analyse interview data. Content analysis is ‘a research technique for making replicable and valid inference from texts to the contexts of their use’ (Krippendorff, 2004, p.18). In other words, this method attempts to aid in the classification of textual materials for integrating the data into more relevant, manageable and meaningful information (Minichiello et al., 2000; Rossman & Rallis, 2003).

Content analysis is a useful research tool for dealing with large volumes of data to develop knowledge. It provides new insights and increases the researcher’s understanding of particular phenomena. The literature (Walter, 2006) points out that content analysis can be used to:

- Understand an individual’s perspectives;
Show the differences in communication content;
Ascertain the psychological or emotional status of an individual or group;
Identify existing issues; and
Describe feelings and behavioural responses.

This study used the general procedures of Rossman and Rallis (2003) with the guidelines by Walter (2006) for analysing data into eight key steps:

1. Transcribe and organise the data;
2. Select appropriate texts and samples for analysis;
3. Use predetermined categories on the basis of the WHOQOL module;
4. Search for unique interview themes;
5. Organise the data to identify the valuable data and information;
6. Connect the findings to the research topic and questions;
7. Interpret the findings by comparing and contrasting the similar and different viewpoints of the seven informants; and
8. Write the findings.

There are a number of advantages in using content analysis. First, content analysis is a relatively simple and easy method to use. Secondly, content analysis looks directly at communication via texts or transcripts, a central aspect of social interaction (Walter, 2006). Thirdly, it can offer social and cultural insights through analysis of the data. Finally, it is an unobtrusive approach to the analysis of human thoughts and language (Walter, 2006).

Content analysis also has its weaknesses. First, content analysis is a time-consuming task. Secondly, it may also be inherently reductive, especially when addressing complex texts. Thirdly, content analysis may be too subjective in its coding and interpretation, with the result that some valuable information may be overlooked (Walter, 2006).

From the content analysis of interview transcripts, case vignettes were developed for each interview participant condensing and capturing information about the lives of participants, as well as who they are and their unique experiences. This aided the researcher in identifying the
similarities and differences between informants’ lives and assists in communicating the unique lives of those who participated in the study.

### 3.4 Ethical Considerations

Standard procedures were followed to ensure that the rights of all participants were protected during the course of the present study. Before any participants were recruited, ethical approval was received from the Committee for Ethics in Human Research (CEHR) at the University of Canberra (UC). The CEHR is constituted in accordance with the National Statement on Ethical Conduct in Human Research.

The research participants (who were all volunteers) were well informed about the process of the research. Each participant received an information sheet (see Appendix D & E) that provided the following details:

- researcher’s name, study topic and a description of the purpose of the study;
- data protection and confidentiality, and the anonymity of participants;
- assurance that participation was voluntary and that participants could withdraw at any stage without consequences;
- UC Committee for Ethics in Human Research contact details; and
- contact details for the researcher and the supervisor.

These points were discussed verbally with survey respondents and interview informants at the time they agreed to take part in the study. The investigator also reminded participants of these points at the beginning of each interview. When potential participants agreed to take part in the study, they were asked to confirm their eligibility by signing a consent form (see Appendix F & G).

The data provided by the interview and survey participants were securely kept in a locked filing cabinet at the University of Canberra. The questionnaires did not contain any identifying information. Interview recordings and transcriptions were labelled with
identification letters rather than the names of the informants. None of the information provided by participants can be showed in the current research by their name or title.

3.5 Study Limitations

There are two main limitations in this study. First, a relatively small number of respondents to the survey and the interviews. There were 60 respondents involved in the survey, and 7 cases in the interviews. The sample size may not be representative of the broader Chinese older community. However, the data provided informative and some important elements, regarding for example, cultural values and average scores on quality of life. Secondly, all the participants were recruited through community organisations and were living in their communities. People who do not engage with community services and older Chinese people living in a residential aged care were not involved in the studies. The literature has suggested that both of those groups of people may have different requirements or different views about what is important for a good quality of life (Leung et al., 2004, Tsang et al., 2004). Consequently, it is important to include older Chinese people living in a residential aged care and those who do not use community services in further research.

3.6 Chapter Conclusion

This chapter has discussed the research methods used in the current study, in particular the reason for the selection of specific research methods. The survey method was chosen because there appear to be no statistics available in the public domain. Interviews were chosen to gain more detailed information about factors that related to the quality of life of older Chinese immigrants, and how cultural values influence perceptions of the quality of life of older Chinese people. A mixed methods approach was selected for the research, including survey and in-depth interviews.

The following chapter presents data gathered during fieldwork using a survey, conducted among older Chinese immigrants in the ACT. The chapter discusses the results of the survey with the purpose of understanding demographic characteristics relating to the quality of life.
A relationship between overall quality of life and its six domains of the WHOQOL-OLD will also be discussed.
CHAPTER 4

PHASE I: QUALITY OF LIFE SURVEY

This chapter investigates the socio-demographic characteristics and quality of life of older Chinese immigrants in the ACT. The literature has suggested that socio-demographic characteristics such as marriage and education affect subjective quality of life (Shinn, 1986; Davidson & Arber, 2004). This study aims to examine which demographic characteristics are associated with the quality of life of older Chinese immigrants in the ACT. The findings identify a number of characteristics that have an influence on quality of life. This exploration answers the research question - What demographic characteristics of older Chinese immigrants influence their view of quality of life?

The chapter proceeds as follows. Section 4.1 describes the selection of participants and the survey instrument. It summarises the recruitment of the study participants and briefly introduces the WHOQOL-OLD instrument.

Section 4.2 describes the data analysis process. First is to screen the collected data. Second is to evaluate data for the normality. Third is to check the reliability of the instrument.

Section 4.3 describes the main results of the quality of life survey. First, descriptive statistics were employed to calculate for all variables. Secondly, a multivariate analysis of variance (MANOVA) was employed to understand the interaction among these demographic variables and mean quality of life scores. The final section examined whether the data fit with the quality of life model and evaluated the nature of the relationships between the main construct and domains.

Section 4.4 presents the findings of the study in terms of the research questions set out in chapter 2. It discusses the important characteristics that impact on the different domains of quality of life. A comparison of the quality of life of older Chinese immigrants and other older Australians is also discussed. Chapter 4 concludes with a summary.
4.1. Method

This section describes the method used in this study and proceeds as follows. Section 4.1.1 describes the participants and the sampling in this study. Section 4.1.2 introduces the survey instrument- WHOQOL-OLD.

4.1.1. Participants and sampling

The study population is a convenience sample of older Chinese immigrants. Convenience sampling involves choosing the nearest and most convenient persons to act as participants (Robson, 2002). This sampling strategy is a cost effective and direct way of generating a sample (Robson, 2002; Salkind, 2009). The recruitment sites consisted of various Chinese activity groups and community-based organisations around the ACT. The criteria for the selection of subjects included age, residency and citizenship status, resulting in a group of older Chinese immigrants who were either Australian citizens or permanent residents of Australia, and aged 55 years and over. All subjects lived either with their family or alone in the community, and had lived in the ACT for a year or longer.

4.1.2. Quality of life instrument-WHOQOL-OLD

The Chinese version of the World Health Organization Quality of Life Instrument Specific for Older Adults (WHOQOL-OLD) instrument was used to minimise cultural variation. The questionnaire was self-administered, and the participants were asked about their own thoughts, values, feelings and concerns about their quality of life, based on the previous two weeks (WHOQOL Group, 2006). The literature suggests that WHOQOL-OLD is suitable for measuring quality of life comprehensively in older adults because an intensive qualitative phase conducted during the development of the instrument showed that WHOQOL-OLD instrument appropriately covers relevant issues (Power et al, 2005; Chachamovich, Trentini & Fleck, 2007).

The WHOQOL-OLD subscales include measure of sensory function, autonomy, past, present and future activities, social participation, death and dying, and intimacy. The ‘sensory
abilities’ domain describes sensory functioning and the impact of physical impairments on daily activities. The ‘autonomy’ domain inquires about the freedom to make choices and feel in control of the future. The ‘past, present and future activities’ domain emphasises satisfaction with achievements, as well as the opportunities to have things to look forward to. ‘Social participation’ questions relate to satisfaction with the level of daily activity and opportunity for community engagement. Attitudes towards the end of life are the focus of the ‘death and dying’ domain. ‘Intimacy’ questions evaluate being able to have personal and intimate relationships (WHOQOL Group, 2006).

The survey instrument consisted of 24 items. For the 17 positively worded items, scores were scaled in a positive direction. For the 7 negatively worded items, scores were scaled in a negative direction and were reverse-scored in calculating the domain scores (eg. 1=5, 2=4, 3=5…). The scoring for the WHOQOL-OLD represents higher scores indicating higher quality of life (WHOQOL Group, 2006). The current study used a categorical classification of WHOQOL-OLD, where scores between 14.1 and 20 corresponded to a high quality of life, between 11.1 and 14 to an average quality of life, and scores below 11 meant a low quality of life.

4.2 Preliminary Testing

This section describes three important tests that should be performed before conducting a primary data analysis. The test first involved screening the collected data. The second test, the test of normality was used to provide a basis for further analysis. Finally, the correlation and reliability of the survey instrument was examined.

4.2.1. Data screening

The purpose of data screening is to improve the performance of the statistical methods (Odom & Henson, 2002). This study applied the Statistical Package for the Social Sciences (SPSS) (Version 15) to screen for missing data and exclude the extreme values of the original 66 samples.
Several data screening methods, including diagnosis of distribution, outliers and data transformations are suggested (Tabachnick & Fidell, 2001). This study applied these steps to screen 66 samples; these steps included removing incomplete and missing values, indicating the outliers and excluding incorrect entries.

The first step was to remove incomplete and missing values. According to the method of Partial Least Squares model, any data with missing values must be removed. The reason is that the Partial Least Squares model currently do not handle missing values. Six participants did not complete the questionnaire, therefore six sets of data were excluded from the analysis.

The second step was to indicate the outliers. The SPSS univariate statistics function was used to save the standardisation of residuals for the detection of outliers. However, no outliers were indicated in the sample.

The third step was to expose and exclude the extreme data values. Based on the table of missing and extreme value patterns, which were generated by SPSS, there were no data to be excluded from analysis.

Sixty valid data sets were finally included as part of the study. Table 4.2.1 presents the descriptive statistics for the variables for the whole sample in the current study.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAB</td>
<td>14.53</td>
<td>3.22</td>
<td>-.569</td>
<td>-.025</td>
</tr>
<tr>
<td>AUT</td>
<td>14.63</td>
<td>2.53</td>
<td>.351</td>
<td>-.644</td>
</tr>
<tr>
<td>PPF</td>
<td>14.27</td>
<td>2.65</td>
<td>.149</td>
<td>-.049</td>
</tr>
<tr>
<td>SOP</td>
<td>15.00</td>
<td>2.59</td>
<td>.042</td>
<td>-.480</td>
</tr>
<tr>
<td>DAD</td>
<td>15.17</td>
<td>3.11</td>
<td>-.300</td>
<td>-.664</td>
</tr>
<tr>
<td>INT</td>
<td>12.82</td>
<td>4.31</td>
<td>-.043</td>
<td>-.439</td>
</tr>
<tr>
<td>Total Score</td>
<td>86.42</td>
<td>11.54</td>
<td>.321</td>
<td>-.634</td>
</tr>
</tbody>
</table>

Note: SAB= sensory functions; AUT= autonomy; PPF= past, present and future activities; SOP= social participation; DAD= death and dying; INT= intimacy
4.2.2. Evaluation of normality

Many of the data analysis approaches used (such as T-test and ANOVA) are based on the assumption that the data were selected from a normal distribution (Robson, 2002; Salkind, 2009). A normal distribution is continuous, bell-shaped, and symmetrical with a single central peak at the midpoint of the data. Reasons for considering normal distributions in statistics are outlined below:

(1) Numerous continuous variables common in the world have distributions that closely resemble the normal distribution;
(2) The normal distribution can be used to approximate various discrete probability distributions; and
(3) The normal distribution provides the basis for classical statistical inference because of its relationship to the central limit theorem (Levine, Stephan, Krehbiel & Berenson, 2005).

In addition, screening for the normality of the variables is vital in the process of quantitative data analysis. SPSS provides a number of measures to examine normality. In this study, the method of normal probability plots (normal Q-Q plots) was employed. A normal Q-Q plot contains a line as the hypothetical distribution. When the observed values are fairly close to the diagonal line, it means the sample is normally distributed (Norusis, 2008). As a general rule, the points on the diagram should fall around the line. In Figure 4.2.1, the observed values fall around the predicted normal line, indicating that the samples are normally distributed, and these variables are suitable for analysis.

![Figure 4.2.1. Q-Q plot of quality of life](image-url)
4.2.3. Correlation and reliability

In order to measure for linear relationships between variables, Pearson correlation coefficient were developed in the current study (Norusis, 2008). The correlation coefficient is crucial in the study because if the data were uncorrelated, the quality of life construct and its six sub-domains: sensory functions (SAB), autonomy (AUT), past, present and future activities (PPF), social participation (SOP), death and dying (DAD), and intimacy (INT), would not be measured properly.

From Table 4.2.2, the correlation coefficient of AUT, PPF, SOP and INT were positive, which means there is a positive relationship between these variables. The DAD sub-domain was not significantly correlated with other domains, and the SAB sub-domain was only significantly correlated with the AUT sub-domain. In the current study, all sub-domains’ correlations were significant at the 0.01 2-tailed levels except the DAD sub-domain at 0.05 2-tailed levels.

<table>
<thead>
<tr>
<th>Table 4.2.2. Quality of life matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>SAB</td>
</tr>
<tr>
<td>AUT</td>
</tr>
<tr>
<td>PPF</td>
</tr>
<tr>
<td>SOP</td>
</tr>
<tr>
<td>DAD</td>
</tr>
<tr>
<td>INT</td>
</tr>
<tr>
<td>QOL_Total Score</td>
</tr>
</tbody>
</table>

*Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed). Note: SAB=sensory functions; AUT=autonomy; PPF=past, present and future activities; SOP=social participation; DAD=death and dying; INT=intimacy

Reliability is a measure of the degree to which a measure can supply consistent results (Robson, 2002; Salkind, 2009) and indicates the stability of a measure across different samples (Salkind, 2009). The reliability of the quality of life subscales including sensory functions, autonomy, past, present and future activities, social participation, death and dying, and intimacy were obtained from the outcome variables involved in this study. For the 17 positively framed items, scores were scaled in a positive direction. For the 7 negatively framed items, scores were scaled in a negative direction and were reverse-scored in calculating the domain scores. The scoring for WHOQOL-OLD involves higher scores
indicating higher quality of life. In the current study (see Table 4.2.4), SPSS scale the reliability analysis showed that the four-item sensory abilities scale attained Cronbach’s alpha=0.83. The four-item autonomy scale attained Cronbach’s alpha=0.81. The four-item past, present and future activities scale attained Cronbach’s alpha=0.86. The four-item social participation scale attained Cronbach’s alpha=0.83. The four-item death and dying scale attained Cronbach’s alpha=0.72. The four-items intimacy scale attained Cronbach’s alpha=0.84. All of the alphas were higher than 0.7 and indicated that the instrument was a satisfactory tool for further analysis.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cronbach’s Alpha Based on Standardized Item</th>
<th>Number of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAB</td>
<td>0.83</td>
<td>4</td>
</tr>
<tr>
<td>AUT</td>
<td>0.81</td>
<td>4</td>
</tr>
<tr>
<td>PPF</td>
<td>0.86</td>
<td>4</td>
</tr>
<tr>
<td>SOP</td>
<td>0.83</td>
<td>4</td>
</tr>
<tr>
<td>DAD</td>
<td>0.72</td>
<td>4</td>
</tr>
<tr>
<td>INT</td>
<td>0.84</td>
<td>4</td>
</tr>
<tr>
<td>Total Score of QOL</td>
<td>0.84</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: SAB = sensory functions; AUT = autonomy; PPF = past, present and future activities; SOP = social participation; DAD = death and dying; INT = intimacy

### 4.3 Primary Data Analysis

This section describes the major results of the WHOQOL-OLD survey. The first section describes the outcomes of the descriptive statistical analysis (e.g. mean, standard deviation etc.) to understand the socio-demographic characteristics of the sample. Section 4.3.2 presents the mean quality of life scores of older Chinese immigrants. In section 4.3.3, a multivariate analysis of variance (MANOVA) was performed to examine the relationship between the demographic characteristics and each domain of quality of life. Finally, the factor structure established in the WHOQOL-OLD instrument was confirmed using confirmatory factor analysis.
4.3.1. Sample characteristics

This study included participants aged 55 or older who had lived in Canberra for one year or more, in order to explore the factors influencing the quality of life of older Chinese immigrants. Participation was voluntary and anonymous. Each participant received an information sheet and consent form before doing the survey. Analysis was based on the sample of 60 participants, comprising 26 males and 34 females. The average age of the participants was 73.6. The socio-demographic characteristics of the samples are displayed below in Table 4.3.1.

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Number of people</th>
<th>Demographic characteristics</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26 (43%)</td>
<td>Employed</td>
<td>4 (6%)</td>
</tr>
<tr>
<td>Female</td>
<td>34 (57%)</td>
<td>Retired</td>
<td>56 (94%)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td>Income source</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>42 (70%)</td>
<td>Full Age pension</td>
<td>38 (65%)</td>
</tr>
<tr>
<td>Unmarried</td>
<td>18 (30%)</td>
<td>Partial age pension</td>
<td>6 (10%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>Non aged pension</td>
<td>15 (25%) *missing:1</td>
</tr>
<tr>
<td>55-69</td>
<td>19 (32%)</td>
<td>Western religion</td>
<td>16 (27%)</td>
</tr>
<tr>
<td>70-79</td>
<td>30 (51%)</td>
<td>Eastern religion</td>
<td>18 (30%)</td>
</tr>
<tr>
<td>80+</td>
<td>10 (17%) *missing:1</td>
<td>No religion</td>
<td>26 (43%)</td>
</tr>
<tr>
<td>Years in Australia</td>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>1-10</td>
<td>13 (22%)</td>
<td>Primary school and lower</td>
<td>9 (15%)</td>
</tr>
<tr>
<td>11-20</td>
<td>17 (28%)</td>
<td>High school</td>
<td>22 (37%)</td>
</tr>
<tr>
<td>20+</td>
<td>30 (50%)</td>
<td>College and higher</td>
<td>29 (48%)</td>
</tr>
</tbody>
</table>
Age

The age distribution of the participants was between 57 and 87 years with a mean of 73.6 years (SD=7.40 years). Approximately 60 percent of all participants were female. There was no statistically significant difference in age between male and female. The mean age of older Chinese males and females was 74.48 (SD=1.30) and 72.94 (SD=1.37) respectively.

Marital status

Marital status was dichotomised into married and unmarried categories. The unmarried category also included widowed, divorced and separated participants. In this study, 70 percent of the participants were married.

Years in Australia

Fifty percent of the participants had lived in Australia less than 20 years, and the other fifty percent of the participants had lived in Australia for more than 20 years.

Education level

The level of formal education completed by the participants was more likely to be college level or higher, followed by high school. Male participants were significantly better educated than female participants.

Employment status

Over 90 percent of the participants were retired, and only 6 percent were employed. The jobs had by the participants fell into a variety of categories, including full-time, part-time and casual jobs.
Source of income

The major source of income of the majority of these participants was government income support, including the Age Pension and Special Benefits. Fifteen percent of the participants’ income sources were self-funded, superannuation or salary.

Religion

Approximately half of the participants (43 percent) indicated no religion. Thirty percent of the participants held Buddhist beliefs in contrast with 27 percent of the participants who held Western beliefs (Catholic and Christian beliefs). More Chinese female elders held religious beliefs than Chinese male elders.

4.3.2. Quality of life scores of older Chinese immigrants

Table 4.3.2 presents the descriptive statistics on the quality of life of older Chinese immigrants. The quality of life scores were transformed on a scale from 4 to 20 to make comparisons possible between domains. The total score for quality of life ranges from 61 to 111 (of a possible total of 120). It appears that a wide discrepancy in the perception of quality of life exists between participants when evaluating their life in the ACT. In addition, an investigation of the mean scores in each domain of quality of life was represented in the ranking order. The scores were higher in the death and dying facet (M=15.17, SD=3.11), followed by social participation (M=15.00, SD=2.59), autonomy (M=14.68, SD=3.22), sensory abilities (M=14.53, SD=2.53), past, present and future activities (M=14.27, SD=2.65), with the lowest scores being for on intimacy (M=12.82, SD=4.31).

The outcomes showed a high quality of life (score>14.1) in the domains of sensory abilities, autonomy, past, present and future activities, social participation, death and dying, and an average quality of life in the domain of intimacy (score between 11.1-14). Overall, older Chinese immigrants reported experiencing a high quality of life in the ACT (score>85).
### Table 4.3.2 Descriptive statistics for the quality of life of older Chinese immigrants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Abilities</td>
<td>7.00</td>
<td>20.00</td>
<td>14.53</td>
<td>3.22</td>
</tr>
<tr>
<td>Autonomy</td>
<td>10.00</td>
<td>20.00</td>
<td>14.63</td>
<td>2.53</td>
</tr>
<tr>
<td>Past Present and Future Activities</td>
<td>8.00</td>
<td>20.00</td>
<td>14.26</td>
<td>2.65</td>
</tr>
<tr>
<td>Social Participation</td>
<td>9.00</td>
<td>20.00</td>
<td>15.00</td>
<td>2.59</td>
</tr>
<tr>
<td>Death and Dying</td>
<td>8.00</td>
<td>20.00</td>
<td>15.16</td>
<td>3.11</td>
</tr>
<tr>
<td>Intimacy</td>
<td>4.00</td>
<td>20.00</td>
<td>12.81</td>
<td>4.31</td>
</tr>
<tr>
<td>Total Score</td>
<td>61.00</td>
<td>111.00</td>
<td>86.42</td>
<td>11.54</td>
</tr>
</tbody>
</table>

### 4.3.3. Association between demographics and quality of life

Pearson product moment correlation coefficient, ANOVA and MANOVA were used to examine the relationship between demographic characteristics and quality of life variables. The results showed that there was a significant association between age and religion and mean QOL scores (p<0.05).

An analysis of variance (ANOVA) was conducted on each domain separately and on the overall quality of life to investigate where there was any statistically significant effect evident in the demographic variables (gender, marital status, age, the number of years in Australia, education and religion) in these older Chinese immigrants. Data screening was first conducted to check for missing values, outliers and normality, with no violation noted.

The outcomes showed that a number of demographic characteristics had a significant impact on the overall quality of life and/or a single domain of quality of life (Table 4.3.3). Marital status was likely to be a factor that affected the social participation domain (F= 3.75, p= 0.058) and past, present and future activities (F= 3.57, p= 0.064) domain if the sample size increased. The age variable significantly affected the autonomy domain (F=6.78, p=0.002). Compared with two other aged groups (age 55-69 and age 70-79), people aged over 80 had a lower score on the autonomy domain. The education variable had a significant impact on the domain of social participation (F=3.35, p=0.042). Participants with a higher education were more likely to participate in social activities. The religion variable was a key factor that influenced the overall quality of life (F=5.70, p=0.006), the domain of past, present and future activities (F=5.64, p=0.006) and the domain of intimacy (F=7.65, p=0.001) among the older Chinese immigrants. This indicates that participants had a higher quality of life when they had
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Moreover, people with Western religious belief had a higher quality of life than those who had Eastern religious beliefs or no religion (Figure 4.3.1).

Figure 4.3.1 Relationship between religion and quality of life

In summary, results of one-way ANOVA for investigating the relationship between quality of life and demographics revealed that several variables including marital status, age, education and religion were the important characteristics to the quality of life of order migrant Chinese. No statistically significant effects of gender, length of time in Australia, source of income and employment status were observed on quality of life.

Table 4.3.3 One-Way ANOVA between demographic variables and domains

<table>
<thead>
<tr>
<th>Variable</th>
<th>Marital status</th>
<th>Age</th>
<th>Education</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>F</td>
<td>P</td>
<td>Mean</td>
</tr>
<tr>
<td>SAB 0.287</td>
<td>.438</td>
<td>.510</td>
<td>.48</td>
<td>0.614</td>
</tr>
<tr>
<td>AUT 0.029</td>
<td>.070</td>
<td>.792</td>
<td>2.256</td>
<td>6.766</td>
</tr>
<tr>
<td>PPF 1.572</td>
<td>3.753</td>
<td>.058</td>
<td>1.121</td>
<td>2.670</td>
</tr>
<tr>
<td>SOP 1.434</td>
<td>3.566</td>
<td>.064</td>
<td>0.753</td>
<td>1.815</td>
</tr>
<tr>
<td>DAD 0.179</td>
<td>0.291</td>
<td>.592</td>
<td>0.094</td>
<td>0.149</td>
</tr>
<tr>
<td>INT 1.735</td>
<td>1.508</td>
<td>.224</td>
<td>0.758</td>
<td>0.635</td>
</tr>
<tr>
<td>Mean QOL 0.666</td>
<td>2.976</td>
<td>.090</td>
<td>0.468</td>
<td>2.073</td>
</tr>
</tbody>
</table>

Note: one-way ANOVA Test is significant at the 0.05 level (2-tailed), SAB= sensory functions; AUT= autonomy; PPF= past, present and future activities; SOP=social participation; DAD= death and dying; INT= intimacy
Additionally, a two-way between-subjects multivariate analysis of variance (MANOVA) was also conducted to examine the interaction among demographic characteristics (independent variables) with six domains and overall quality of life (dependent variables) in older Chinese immigrants. No extreme scores, outliers, or statistical violations were noted in the current data. A statistically non-significant Box’s M test (p>.05) indicated the quality of covariance matrices of the dependent variables across levels of the independent variables.

Using Wilks’s lambda, the quality of life was significantly affected by the effects of several demographic variables, including marital status, age, education and religion. Figure 4.3.2 shows the results of the interaction of between material status and religion. Married people with Western religious beliefs had a higher quality of life than other people in the group.

![Mean scores of quality of life](image)

**Figure 4.3.2** MANOVA results of interaction between QOL, material status and religion

Figure 4.3.3 shows the results of the interaction of between quality of life, education and religion. Participants who had a higher level of education and Western religion presented a higher quality of life score than participants from other groups. It should be noted that sample sizes in the primary school category (9 people) are relatively smaller than in the high school category (22 people) and the college and over category (29 people). The discrepancy in high scores in the primary school category may be attributed to a small sample and all presenting high scores in that category.
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In addition, table 4.3.4 demonstrates significant multivariate effects of gender, material status and religion, (Wilks’s lambda=. 183, F=1.502, p=0.018) as well as age, education and religion (Wilks’s lambda=. 017, F= 1.431, p=0.021). MANOVA outcomes demonstrated, that married people (regardless of gender) with Western religious beliefs had higher quality of life scores than unmarried people with no religious beliefs. Moreover, people aged between 55 and 79, with higher education and Western religious belief had higher quality of life scores than did those without these characteristics, including overall quality of life and the domains in AUT, PPF and INT.

Table 4.3.4 MANOVA results of the interaction of demographic variables for each domain

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gender<em>Marital Status</em>Religion</th>
<th>Age<em>Education</em>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F statistic</td>
<td>P-value</td>
</tr>
<tr>
<td>SAB</td>
<td>.330</td>
<td>.969</td>
</tr>
<tr>
<td>AUT</td>
<td>1.488</td>
<td>.173</td>
</tr>
<tr>
<td>PPF</td>
<td>2.186</td>
<td>.035</td>
</tr>
<tr>
<td>SOP</td>
<td>2.414</td>
<td>.020</td>
</tr>
<tr>
<td>DAD</td>
<td>1.662</td>
<td>.117</td>
</tr>
<tr>
<td>INT</td>
<td>2.016</td>
<td>.052</td>
</tr>
<tr>
<td>Mean QOL</td>
<td>2.029</td>
<td>.050</td>
</tr>
</tbody>
</table>

Note: MANOVA Test is significant at the 0.05 level (2-tailed); SAB= sensory functions; AUT= autonomy; PPF=past, present and future activities; SOP=social participation; DAD=death and dying; INT= intimacy

In summary, ANOVA results show that demographic variables including marital status, age, education and religion have a crucial impact on the quality of life of older migrant Chinese. MANOVA results illustrate that married people, aged between 55 and 79, with higher...
education and Western religious beliefs had higher quality of life scores than other people in the group.

4.3.4 Confirmatory Factor Analysis (CFA)

Confirmatory factor analysis is a statistical technique used to test whether the data fits a hypothetical model. This study employed CFA to test the acceptance and appropriateness of the structure of the Chinese WHOQOL-OLD instrument. In order to test the 24 items within the six domains, named sensory abilities, autonomy, past, present and future activities, social participation, death and dying, and intimacy, and main construct of quality of life, Visual PLS 2.0 was used for confirmatory factor analysis and a partial least squares (PLS) model was developed (Figure 4.3.4). Partial least squares is a powerful technique of analysis because of the minimal demands on measurement scales, sample size, and residual distributions (Wold, 1985). Moreover, PLS has an emphasis on confirmatory rather than exploratory studies and is used to determine whether a certain model is valid or not. A PLS model is specified by two sets of linear relations: the outer model in which are specified the relationships between the latent and the manifest variables; and the inner model where the hypothesised relationships between the latent variables are specified and whose interpretation is as for standardised regression coefficients (Chin, 1998).

The conceptual structure of the WHOQOL-OLD instrument assumes that all six domains contribute to the overall appraisal of the quality of life of older adults. These six domains are therefore expected to lead on the quality of life construct. The results show that the main construct of quality of life and its domains had relatively large weights and path coefficients and all were significant. However, the death and dying domain seems to present psychometric weakness. Two item loadings did not fit the requirement of 0.5. This may have an influence on the reliability of the death and dying domain.
The internal validity of the partial least squares model is assessed by calculating the composite reliability (CR) and average variance extracted (AVE) (Fornell & Larcker, 1981). A composite reliability is interpreted like a Cronbach’s alpha for the internal consistency reliability estimate. A value of .70 or higher is considered suitable (Nunnally, 1978). The AVE signifies the amount of variance captured by the construct’s measures relative to measurement error and the correlations among the latent factors. The AVE value is suggested to be ≥ 0.50. In addition, the literature also recommends that AVE is a conservative test and the score may often be less than 0.50 when other reliability measures are sufficient (Fornell & Larcker, 1981). Table 4.3.5 below shows that except in the case of the domain of death and dying, the CR score for each domain is above 0.8 and the value of AVE for the each domain meet the requirement of 0.5. The results indicate that the reliability of the quality of life model is acceptable.
Table 4.3.5 The quality of life partial least squares model reliability

<table>
<thead>
<tr>
<th>Variable</th>
<th>AVE</th>
<th>Composite Reliability</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAB</td>
<td>0.66</td>
<td>0.88</td>
<td>0.84</td>
</tr>
<tr>
<td>AUT</td>
<td>0.64</td>
<td>0.88</td>
<td>0.82</td>
</tr>
<tr>
<td>PPF</td>
<td>0.70</td>
<td>0.90</td>
<td>0.86</td>
</tr>
<tr>
<td>SOP</td>
<td>0.67</td>
<td>0.89</td>
<td>0.84</td>
</tr>
<tr>
<td>DAD</td>
<td>0.23</td>
<td>0.17</td>
<td>0.72</td>
</tr>
<tr>
<td>INT</td>
<td>0.68</td>
<td>0.89</td>
<td>0.84</td>
</tr>
</tbody>
</table>

Note: SAB= sensory functions; AUT= autonomy; PPF=past, present and future activities; SOP=social participation; DAD=death and dying; INT=intimacy; AVE=average variance extracted

Nunnally (1978) suggests that the Cronbach’s alpha need to be calculated for the reliability of the whole model and a value at or above 0.7 is acceptable for a good fit. In this study, domain reliability analysis showed that all of the alphas were higher than 0.7, which revealed the high reliability of the model.

In summary, this partial least squares model validates the WHOQOL-OLD instrument. The quality of life model is reasonable and appropriate, and a statistically significant relationship between overall quality of life and its six domains is demonstrated.

4.4. Findings and Discussion

This section discusses three vital aspects of the present study. First, it reflects on research question three presented in chapter three: *what demographic characteristics of older Chinese immigrants influence their view of quality of life?* Secondly, the section discusses the relationships between quality of life and its six domains, based on the confirmatory factor analysis results. Thirdly, a comparison of the quality of life of older Chinese immigrants and the quality of life of other older Australians will also be discussed.

4.4.1. Reflecting on the research question

The research results described in this chapter provide important answers to the research question. This current study identifies that demographic characteristics, including age, marital status, education and religion influence older Chinese immigrants’ quality of life, based on the results of ANOVA and MANOVA analysis. The relationships between quality of life and
these four variables were also found to be consistent with previous literature. This section will discuss these results in detail.

The study revealed no significant difference between the quality of life of males and females supporting prior research which has suggested that gender has little influence on quality of life (Mercier, Peladeau & Tempier, 1998; SarvimaÈki & Stenbock-Hult, 2000; Robison & Molzahn, 2007). This study confirms that gender is not associated with quality of life.

Findings from previous research show that marital status is a possible factor affecting an individual’s overall quality of life. Married people are more likely to have higher quality of life than those who are not married (Campbell, Converse & Rodgers, 1976; Lee, 1998). The results of the current study showed that marital status had a potential influence on quality of life. This may be due to the sample size of this study being too small to yield a significant difference. However, an interaction between marital status and age and an interaction between marital status and religion was observed, suggesting that married people had a higher quality of life.

The age variable in this study was also a contributor to the quality of life. The literature suggests that people develop a great sense of autonomy as they age (Ryff, 1995). However, the current study found that participants aged over 80 had a low score in the domain of autonomy, and were likely to lose their autonomy over what they want to do. A possible explanation is that personal autonomy could become difficult to maintain because of an increased dependency and likelihood of deteriorating health that comes with age. This situation could further affected individuals’ perceptions of their quality of life.

Moreover, Knesebeck and his colleagues (2007) suggested that quality of life was associated with socio-economic position, for example, level of education; people with a higher education were more likely to enjoy a higher quality of life than those with a lower level of education. It is also noted that education level contributes more to psychological quality of life in Shinn’s study (1986). In this study, participants with high education were more likely to be satisfied with their social participation, and could also have more possibility to achieve life fulfilment. In addition, the effect of high education, more likely to be positive in direction, interacts with religion.
The findings also revealed a strongly positive correlation between religion and quality of life. People with religious beliefs had higher quality of life than those who had no religious belief. Previous research studies have demonstrated the positive effects of religion on personal wellbeing (Lehrer, 2004; Luttmer, 2005) and improvement in quality of life among older immigrants (Nazroo, Bajekal, Blane & Grewal, 2004; Park, Roh & Yeo, 2011). The findings of the current study supported this. In addition, it is important to note that in the present study participants with no religion had a slightly higher quality of life score than people with Eastern religion. One possible reason is that Chinese culture is built around Confucianism, Taoism and Buddhism and has a great influence on personal thinking and behaviour. Even though Chinese people say they have no religion, it is possible that they still have some Eastern religious beliefs. This situation has a potential effect on the choice of personal religion and may explain why people with no religion had a higher score than people with Eastern religious beliefs in this study. This result could also be affected by the difficulty to practice Eastern religion in a Christian dominant culture.

The results of the current study did not reveal a positive relationship between length of time of residence in Australia and quality of life. The findings are in accordance with Foroughi (2001) who identified no significant relationship between these two variables in Persian Australians. Additionally, research suggests that income and employment variables are two important factors related to quality of life (Diner, 1984; Hsieh, 2005; Knesebeck et al., 2007). However, most of the participants in the present study were retired and had financial security (receiving government age pension or benefits). No statistically significant relationship between source of income and quality of life or employment and quality of life was identified in this study.

In conclusion, a number of characteristics have an impact on the quality of life of older Chinese immigrants in the ACT. The results of the study revealed that Chinese older people had higher quality of life if they were married, between the ages of 55 and 70, with a high level of education and with Western religious beliefs.
4.4.2. Importance of quality of life domains

The WHOQOL-OLD model consists of 24 items grouped into the following six facets: sensory functions, autonomy, past, present and future activities, social participation, death and dying, and intimacy (Power et al., 2005). It is understood that life includes different domains and there is a difference in the perception of importance among various life domains. It may therefore be unrealistic to anticipate high quality of life in all domains. Research has found that age has a vital impact on the relative comparison of life domains (Hsieh, 2005).

Discussion about the relative importance of domains of quality of life is therefore essential for promoting the quality of life in older Chinese immigrants. The results of the Partial Least Squares model (Table 4.4.1) shows which domains of quality of life were found to be significant and positively associated to older Chinese immigrants in the current study.

<table>
<thead>
<tr>
<th>Path</th>
<th>Path coefficient (γ)</th>
<th>R square</th>
<th>T value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAB → QOL</td>
<td>0.46</td>
<td>0.21</td>
<td>4.18***</td>
</tr>
<tr>
<td>AUT → QOL</td>
<td>0.80</td>
<td>0.64</td>
<td>12.12***</td>
</tr>
<tr>
<td>PPF → QOL</td>
<td>0.90</td>
<td>0.82</td>
<td>39.84***</td>
</tr>
<tr>
<td>SOP → QOL</td>
<td>0.85</td>
<td>0.73</td>
<td>19.80***</td>
</tr>
<tr>
<td>DAD → QOL</td>
<td>0.44</td>
<td>0.19</td>
<td>1.99*</td>
</tr>
<tr>
<td>INT → QOL</td>
<td>0.70</td>
<td>0.49</td>
<td>8.87***</td>
</tr>
</tbody>
</table>

Note: t>1.96, p<0.05(*); t>2.54, p<0.01(**); t>3.29, p<0.001(***)

The quality of life is a person’s appraisal of their life in terms of past experience, present circumstances and aspirations for the future. The findings of this study revealed that the domain of ‘past, present and future activities’ (γ=0.90, p<0.001), which is a psychological wellbeing indicator had the most substantial correlations with overall quality of life. The level of satisfaction with the achievements of past and current life as well as having an expectation of future quality of life was identified as the key contributor to older Chinese immigrants’ perceptions of their quality of life. This is in keeping with the results of the literature review in that quality of life for elderly persons represents the result of an ongoing process of adaptation, during which individuals continuously reconcile their own perceived desires and goals to meet the demands associated with their expectations, hope and aspirations (Gurland & Katz, 1997).
Research has found that having personal control and autonomy in implementing late life decisions as well as being able to pursue a chosen life style are components essential to the quality of life of older people (Fry, 2000). Much of the previous literature also indicated that social participation and relationships were vital determinants of maintaining or promoting quality of life among older adults (Bowling et al., 2003). The results of the current study showed domains in social participation ($\gamma=0.85$, $p<0.001$), autonomy ($\gamma=0.80$, $p<0.001$) and intimacy ($\gamma=0.70$, $p<0.001$) as significant correlates of quality of life in older Chinese immigrants. Clearly, having autonomy, independence, and the freedom to do what one wants is important to people for managing their daily activities and participating in social and community activities. Loss of autonomy is likely to affect the capacity of individuals to build companionships with others, to help people practically, to care for others, and to promote social and psychological well-being. As a result, these three domains emerged as important aspects related positively to older Chinese immigrants’ quality of life. The findings were also consistent with the findings of another study that used WHOQOL-OLD to measure the quality of life of older people in Brazil (Figueira, Figueira, Mello & Dantas, 2008).

The PLS model revealed that the domains in sensory ability ($\gamma=0.46$, $p<0.001$) and death and dying ($\gamma=0.44$, $p<0.05$) had lower relationships with the level of quality of life than other domains. The literature demonstrated that sensory functioning was perceived to be a significant domain of quality of life by older adults. Although sensory decline is common among older people, many of them believe that sensory decline is a natural part of ageing and therefore they need to accept it (Molzahn et al., 2010). In the current study, it appears that physical dysfunction is not highly correlated with overall quality of life. One possible reason is that sensory ability losses may not have a negative impact on quality of life if people accept such impairments and adapt to them.

Moreover, it was observed that the domain of death and dying, which describes concerns about the end of life presented the lowest relationship with quality of life. This outcome is consistent with prior research studies which found that older Chinese people were less likely to feel distress when talking about death, or to express fear of death and dying (Leung et al., 2004; Bowling, Lliffe, Kessel & Higginson, 2010). A possible explanation is that Chinese people are imbued with a sense of fatalistic belief that ‘birth, ageing, illness, death’ are four inevitable process of life. As a result, they have a positive attitude towards death and concerns.
about the end of life have less influence on their quality of life. This may also explain why the death and dying facet obtains the highest mean quality of life scores in older Chinese immigrants.

In conclusion, the results show that the relationships between overall quality of life and domains such as past, present and future activities, social participation, autonomy and intimacy are high and statistically significant. A lower relationship was found between quality of life and sensory abilities and death and dying.

4.4.3. Differences in quality of life between older Chinese immigrants and other older Australians

Immigration is a life-changing event that may change individuals’ quality of life in a new country. The levels of quality of life among immigrants may differ significantly from the general population. The current study used the Student’s t-test to compare whether quality of life differs between older Chinese immigrants and other older Australians. Comparative data of quality of life of other older Australians was drawn from the WHOQOL-OLD field study (2004).

Table 4.4.2 illustrates the descriptive statistics of the quality of life in these two groups of people. The results indicated that in the case of other older Australians, impairments had less effect on daily activities; however, levels of autonomy, satisfaction with achievements, satisfaction with the level of daily activity and opportunity for community engagement, as well as satisfaction with opportunities for companionship and love were all higher than in older Chinese immigrants. Older Chinese immigrants had a more positive attitude towards death than other older Australian. However, the total quality of life scores of older Chinese immigrants (M=86.42, SD=11.54) was lower than that of other older Australians (M=91.0, SD=12.35).
Table 4.4.2 The comparison of quality of life between older Chinese immigrants and other older Australians

<table>
<thead>
<tr>
<th></th>
<th>Older Chinese immigrants</th>
<th>Older Australians*</th>
<th>t</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Abilities</td>
<td>14.53</td>
<td>16.32</td>
<td>3.96</td>
<td>.000</td>
</tr>
<tr>
<td>Autonomy</td>
<td>14.63</td>
<td>15.49</td>
<td>2.534</td>
<td>.012</td>
</tr>
<tr>
<td>Past, Present and Future Activities</td>
<td>14.27</td>
<td>15.10</td>
<td>2.264</td>
<td>.024</td>
</tr>
<tr>
<td>Social Participation</td>
<td>15.00</td>
<td>15.34</td>
<td>0.865</td>
<td>.388</td>
</tr>
<tr>
<td>Death and Dying</td>
<td>15.17</td>
<td>15.08</td>
<td>0.188</td>
<td>.090</td>
</tr>
<tr>
<td>Intimacy</td>
<td>12.82</td>
<td>13.81</td>
<td>1.713</td>
<td>.088</td>
</tr>
<tr>
<td>Total score</td>
<td>86.42</td>
<td>91.0</td>
<td>2.665</td>
<td>.008</td>
</tr>
</tbody>
</table>

Note: * The data in this column are from the WHOQOL-OLD field trial data (WHOQOL group, 2006).

Figure 4.4.1 shows graphically that mean scores on overall quality of life and its domains were higher for other older Australians than older Chinese immigrants, except the death and dying domain.

The results of the Student’s T test showed that with alpha set at .05, there were statistically significant differences in sensory abilities domain, autonomy domain, and past, present and future activities domain. Of these, the major difference between two groups is the domain of sensory abilities. Change in sensory functioning may prevent older people from engaging in social interactions or limit their mobility to do what they want to do. Nevertheless, change in the environment and encountering language barriers may double the negative impact on their...
adaptation to declining sensory abilities, thereby affecting their perceptions of quality of life. This could be the main reason for the difference between older Chinese immigrants and other older Australians. The results also indicated that there was a significant difference in overall quality of life between older Chinese immigrants and other older Australians. According to the analysis, cultural differences can be a factor that influences perceptions of quality of life among older immigrants.

Some studies suggest that a lower level of quality of life is more likely to be found in ethnic groups (Chappell, 2007; Mui, Kang, Kang & Domanski, 2007). The findings of the current study support the concept that ethnicity can be a significant factor in shaping individual evaluation of life aspects. A possible explanation is that immigrants often experience some degree of structural disadvantage and this can cause a decline in their quality of life. However, the literature has also suggested that if structural disadvantage can be excluded, immigrants can have higher overall subjective quality of life than host populations. This is because immigrants often experience greater social support than host populations (Chappell, 2007). Moreover, it is recognised that levels of quality of life are based on the assessment of both objective circumstances and subjective life experiences. The outcome of this research supports the view that the context of social and cultural structures appears to have an influence on individual’s subjective quality of life.

4.5 Chapter Conclusion

This phase of the study was designed to explore key demographic characteristics that influence the view of older Chinese people about their quality of life. The aim was to gain an insightful understanding that would help service providers and policy makers to develop appropriate health and social care structures to support quality of life. In terms of quality of life promotion, the study found that characteristics including age, marital status, education and religious beliefs are more likely to have a significant influence on the quality of life of older Chinese immigrants. However, gender, years of residence in Australia, and sources of income were not found to be associated with quality of life. Older immigrants in their new countries are more likely to have different perceptions of quality of life from the older people in the general non-immigrant population. The
comparison between groups is valuable as the improvement in quality of life should address domains of quality of life that are of greatest influence on older immigrants. The significant differences in the sensory abilities domain, autonomy domain as well as past, present and future activities domain suggests that health and social service providers should assess and pay attention to these domains for enhancing quality of life among older immigrants.

There are three limitations in the current study. First, a relatively small older Chinese sample was used as the basis for the study. The current study only analysed 60 participants; use of a larger sample may have increased the effectiveness of the analysis and validity of the results (Tabachnick & Fidell, 1989). In addition, a convenience sampling strategy was used. Samples may not be representative of other Chinese populations in Australia, as they may be subjected to varying degree of social or economic impact. Secondly, most of the participants are independent and participate in social gatherings. Elderly Chinese people such as those isolated at home or living in residential facilities were not involved in the survey. This may have had an influence on the generalisability of the results. It would be beneficial for future study to involve the views of these groups of people, because their perceptions of quality of life are likely to vary considerably. Thirdly, income as a factor has not been adequately addressed because a comparison of income gradients in quality of life was not included in this study. This may not appropriately present the associations between income and quality of life. These limitations need to be addressed by further research.

The following chapter discusses the results of the interview findings with the aim of understanding factors relating to quality of life and the impact of traditional Chinese cultural values on the views of quality of life of older Chinese immigrants.
CHAPTER 5

PHASE 2: QUALITY OF LIFE INTERVIEWS

In the last chapter, the quantitative data revealed the important factors that influence quality of life of older Chinese immigrants living in Canberra. However, it is also vital to hear about the actual experience of this group. Therefore, this chapter presents data gathered during fieldwork using face-to-face in-depth interviews.

This chapter describes seven in-depth interviews conducted with older Chinese immigrants in the ACT. The rationale for these interviews was to gain insights from the interviewees on their perspectives and experiences of quality of life in their host country. The interviews identified the important domains that constitute a ‘good’ quality of life or a ‘poorer’ quality of life among older Chinese immigrants and provide a valuable complement to the survey data. The thematic analysis first used the domains provided by the WHOQOL instrument, which was followed by a second analysis that identified new categories emerging from the interviews.

This chapter progresses as follows: Section 5.1 provides a brief introduction to the purpose of the interviews; Section 5.2 presents the outcomes of the study; namely, socio-demographic characteristics of the respondent group, individual vignettes and the first thematic analysis of findings. Section 5.3 describes the secondary analysis of interview findings and highlights the key domains constituting the quality of life of older Chinese immigrants in the ACT. Some limitations of this part of the study are also noted in this section.
5.1 Introduction

The purpose of the interviews was to help answer the central research question: What factors influence the quality of life of older Chinese immigrants in the ACT? Two associated sub-research questions were used to investigate this under-studied area: (i) how do older Chinese immigrants define their quality of life? and (ii) how do traditional Chinese cultural values and beliefs impact on the views of quality of life of older Chinese immigrants? Figure 5.1.1 illustrates the relationships between the research purpose, central research question, and sub-research questions, and illustrates how these informed the questions asked in the interviews.

![Diagram of research purpose, central research question, sub-research questions, and interview questions]

Figure 5.1.1 The relationships between research purpose, central research question, sub-research questions and interview questions.
5.2 Interview Findings

The interviews were transcribed and analysed, and the data revealed important factors that influence quality of life in older Chinese immigrants in the ACT. This section has three parts: socio-demographic characteristics, case vignettes and thematic analysis of findings.

5.2.1 Socio-demographic characteristics

Table 5.2.1 profiles the seven Chinese immigrants who participated in the interviews. Each participant has a distinctive profile, but also shared some characteristics with one or more other participants. The seven participants (four males and three females) ranged in age from 65 to 88 years. Most of participants were married and living with their spouses. Only two participants had religious beliefs. The participants’ educational attainments ranged from junior high school to university: two held Junior High School Certificates, three had Senior High School Certificates and two held university degrees. The majority of participants reported their income source as the age pension. When asked about the length of time they had spent in Australia, two participants reported over 20 years, four reported over 10 years, and one reported over five years.

<table>
<thead>
<tr>
<th>Participant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Age</td>
<td>mid 70s</td>
<td>early 70s</td>
<td>late 70s</td>
<td>late 80s</td>
<td>early 70s</td>
<td>late 70s</td>
<td>late 60s</td>
</tr>
<tr>
<td>Martial status</td>
<td>Married</td>
<td>Married</td>
<td>Married</td>
<td>Separated</td>
<td>Married</td>
<td>Married</td>
<td>Widowed</td>
</tr>
<tr>
<td>Religion</td>
<td>No religion</td>
<td>No religion</td>
<td>Buddhism</td>
<td>No religion</td>
<td>No religion</td>
<td>No religion</td>
<td>Buddhism</td>
</tr>
<tr>
<td>Education level</td>
<td>Senior high school</td>
<td>Junior high school</td>
<td>Senior high school</td>
<td>Senior high school</td>
<td>University</td>
<td>University</td>
<td>Junior high school</td>
</tr>
<tr>
<td>Source of living expenses</td>
<td>Age Pension</td>
<td>Age Pension</td>
<td>Superannuation &amp; partial Age Pension</td>
<td>Age Pension</td>
<td>Age Pension</td>
<td>Special Benefits</td>
<td>Age Pension</td>
</tr>
<tr>
<td>Years in Australia</td>
<td>13 years</td>
<td>35 years</td>
<td>25 years</td>
<td>15 years</td>
<td>14 years</td>
<td>7 years</td>
<td>18 years</td>
</tr>
</tbody>
</table>

Table 5.2.1 Characteristics of interview participants

Please note that exact ages and dates of migration are not given in order to ensure anonymity
5.2.2. Snapshots of quality of life of Chinese elders in Canberra

This section provides a short description of the participants. All the interview participants provided information about their personal philosophy of life and their views on their quality of life in the ACT. Case vignettes were produced to condense the relevant information about each interview informant. All of the case vignettes are based on participants’ own words and were written in similar formats and used to make comparisons between cases. This also helped the researcher to identify the similarities, differences and degrees of consistency between informants’ accounts (Minichiello et al., 2000).

Mr A’s story:

“I am very satisfied with my quality of life in Australia. I think the main things affecting the quality of my life include good health, a positive attitude, good relationships with my family, the provision of social welfare and access to good health services.”

Mr A is in his mid 70s, and is married with one child. Mr A migrated to Australia for re-union with his child in the mid 1990s. He now lives with his wife in public housing. Receiving social welfare support from the government has made his life in Australia easy.

Having good health is the key for Mr A to maintain his quality of life. Although Mr A has suffered two strokes and has made a good recovery, he believed that the resultant difficulties with physical function and performing activities of daily life definitely has had an influence on retaining his independence which in turn affects his perception of a good quality of life. The health care provided by the government has been a great help in his life as he now has no need to worry about medical costs. Participating in social activities has enhanced his psychological and social wellbeing.

For Mr A, having a loving family relationship is an important element associated with quality of life. Mr A does not adhere to the idea of filial piety as he believes that it is not easy for the younger generation to live in a foreign country and did not want to cause any burden for his
Mr A expressed contentment with his life in Australia. He does not wish to return to China, alive or dead, and wants to spend the rest of his life in his adopted country.

Mrs E’s story

“...In Australia, I have no worry about the costs of living. The government provides good financial support. The living environment is safe. My family is around me. My health is not too bad and I can go around freely. Therefore, I think I have a good life at this moment.”

Mrs E is in her early 70s. She is married with three children. Mrs E migrated to Australia in the late 1990s for family reunion. She now lives with her husband in public housing.

Successfully meeting the basic needs of life is crucial to quality of life for Mrs E. She felt that seeking material comforts was not the most important thing in life. Enjoying a simple and plain life is her secret to making her quality of life satisfying. In her mind, happiness is a result of independence and having the freedom to do what one wants. Mrs E felt that if she had a physical disability or difficulty in performing activities of daily living, she would not wish for a long life in this condition. Mrs E said she would only consider residential accommodation if she becomes dependent as she believed that after caring for frail parents for a long time, adult child caregivers are not likely to be as filial as before. Receiving social welfare support including the age pension and public housing has provided her with a comfortable living environment in Canberra.

For Mrs E, access to transport is an important factor as it enables her to retain her independence and participate in social activities. It also helps Mrs E keep close contact with her children and grandchildren because she has been able to visit her family as often as she would like. When comparing her life now, to life in China, she felt that she has a great life in Australia. Overall, Mrs E said that she enjoyed her life in Canberra.
Mr B’s story:

“I am very satisfied with my life in Australia. I think having no worries about money, being able to travel around, having good food and regularly doing exercise are the key things in maintaining the quality of my life.”

Mr B is in his early 70s and is married with four children. In order to pursue a better life, Mr B left China and migrated to Australia in the 1970s. He now lives with his wife in his own house. Because he has secure finances due to government assistance as well as family support, Mr B felt he lives a comfortable life in Australia.

Mr B felt that good health and independence influence his personal capacity to perform the activities of daily life, participate in social groups, and to travel around. Although Mr B suffered from some hearing loss in one ear, he felt that his hearing problem did not affect his communication with others or the quality of his life.

Family relationships were a crucial factor in maintaining Mr B’s quality of life. He was very happy with his relationship with his children and very proud of his children’s achievements. Mr B felt that the idea of a child’s duty to his parents and older family (filial piety) was no longer followed by the younger generation. As Mr B is independent and has no financial worry, he was not concerned whether his children would look after him. Due to hardships in his youth, Mr B has developed an optimistic attitude towards life which has helped him to adjust to life’s challenges and contributes the quality of his life.
Mrs F's story

“"My life in Australia is not too bad. The Australian government is fairly concerned about the life of older people.”

“In my mind, life is strange with its twists and turns. Life must go in the right direction. People who do good deeds will naturally have good fortune. Your life will also be getting better. When you go to sleep every night, your mind will be at peace. When I close my eyes, I am worthy of everything. One day when I leave the world, I will not regret anything. That is all my life.”

Mrs F is in her late 70s. She is married with one child. Mrs F and her husband migrated to Australia in the early 2000s for re-union with their daughter. Receiving financial and housing support from the Australian government helps her to maintain her basic daily living. Mrs F felt that she enjoyed living in Canberra because of the supportive neighbourhood, the nice weather, the friendliness of Australians and accessible transport.

Mrs F stated that language problems were a problem in accessing various services such as seeing a doctor and contacting service providers. When talking about her life in Canberra, difficulty in communicating with doctors is her major concern. Mrs F was pleased that she was able to directly communicate with her Chinese general practitioner without the need for interpreting which makes her feel more comfortable.

For Mrs F, health status was a vital aspect of the quality of life as she felt that having good health was happiness. However, her husband’s poor health status affects her decision-making in regard to the important events of her life as she is his main caregiver. Participating in social gatherings was vital to Mrs F as she receives mental support from friends and shares her life experience with others as well. This has made her life more active.

Mrs F has a belief in fatalism which has influenced her attitude towards her life. She believes that an individual’s life is predestined, and regards aspects of her life and events that have occurred as inevitable so she has lower expectations for her life. She also believed that doing the right thing brings good luck and gives people serenity and enables them to live in peace.
Moreover, Mrs F appreciated the difficulty of her child’s life in a new land and she believed that practising filial piety was no longer important in her child’s life. Mrs F said that she would consider residential care if she became dependent as she did not want to be a burden to her children.

**Mr C’s story**

“I think health problems, frequency of contacts with family and the lack of strong support from other Chinese in the community can be the main factors that influence the quality of my life.”

Mr C is in his late 70s and is married with two children. The quality of the educational environment was the reason for Mr C’s immigration. Mr C has been living in Canberra since the early 1990s. He now lives with his wife in his own house.

Personal health and the convenience of access to health care services are major factors affecting Mr C’s quality of life. Mixing socially with other Chinese people was also important to maintain his quality of life, however Mr C noted that it is not always easy for mainland Chinese and Taiwanese older people to talk together because there is not always common ground.

Mr C reported that he does not have a close relationship with his family, and believed that the practice of filial duty is affected by gender differences. In his mind, a son should take the main responsibility for the support and care of older parents. He said it was meaningless to require his daughters to be responsible for his support and care. Mr C disliked talking about ageing issues such as possible future inability to do self-care or walk as it made him feel uncomfortable. He felt life would be easier if he avoided thinking about negative things such as ageing and death.

Mr C is interested in political ideals and has had an interest in politics all his life. He has participated in many political activities and sought to influence others. Mr C said he did not regret what he had done in the past but recognized that his political ideals caused difficulties in his youth. Mr C is currently writing his autobiography.
Mrs G’s story

‘I think, for older people, the provision of social welfare support is necessary. This support should continue to be provided for older people. In addition, good health is essential.’

Mrs G is in her late sixties. She is widowed with one child. Mrs G migrated to Australia in the early 1990s for family reunion. At present, she lives alone in public housing and receives the government age pension. Her own stable financial situation means that she does not need to rely on her daughter.

Good relationships with her daughter and friends provide strong support for her. Although Mrs G felt that having a partner might bring her joys or mental support, she is now unwilling to seek a new relationship due to her past experiences. Mrs G also remarked that she enjoyed her current lifestyle because she had more spare time to manage her own time and to do what she wants.

Health and independence were essential to Mrs G’s quality of life. She stated that she would live in a residential care home when ageing has taken a toll on her health and independence. She also believed having no worries and being contented were the key to her happiness. Through social welfare support such as public housing, Mrs G has affordable and secure housing. However, the language problem was still one of the main factors affecting the quality of her life. Rising medical expenses and the limitations of the bus service are the two other things that make her slightly dissatisfied with the quality of her life in Canberra.

Mr D’s story

“I am a little dissatisfied with my life. I feel lonely. I don’t sleep well. If the family relationships can be improved, I think the quality of my life will be better than now.”

Mr D is in his late 80s and is married with one child. The main reason for his immigration in the mid 1990s was to help his daughter improve her marital relationship. He now lives alone
in public housing. His wife suffers from dementia and lives in a nursing home. For Mr D, health is the key component to a good quality of life. Without having good health, Mr D feel life becomes meaningless. Mr D is comfortable with his future and expressed views on his own funeral arrangements and the way to his life should end. Mr D hoped that he could die in peace if he suffered from incurable diseases. Accessing health care services have affected the quality of his life in Canberra, with long waiting times a particular concern. To Mr D, keeping mentally well was vital to maintaining the quality of life. In order to live a happy life, he believed that it is necessary to put aside his worries.

Deterioration in family relationships has had an influence on Mr D’s quality of life. He said although he has done many things for his daughter’s life, his daughter and son-in-law did not show gratitude for his help; in contrast, he believed they deliberately destroyed his marital relationship and he has suffered from elder abuse. Mr D felt very grateful to receive support and help from the Australian government and his neighbours when he experienced elder abuse. He received support from a community service volunteer who contacted him regularly and made him feel that there was still someone concerned about his life in Australia. For this reason, Mr D has struggled with the decision about whether to stay in Australia or go back to China in the future.

5.2.3 WHOQOL-OLD Thematic Analysis

This section presents the results of the analysis of seven older Chinese immigrants’ views on their quality of life. Their comments have been organised into six predetermined categories derived from the WHOQOL-OLD module (sensory functions, autonomy, past, present and future activities, social participation, death and dying, and intimacy) and the four new themes that emerged from the interviews (physical and mental health, communication, environmental conditions and Chinese cultural beliefs).

Figure 5.1.2 is a concept map of the relationship between the predetermined categories and new themes that emerged from the interview data. The following section presents the interviewees’ words within the six predetermined categories, then section 5.2.4 presents their views in the four new theme areas.
Falling leaves: an exploration of the perceptions of quality of life among older ACT Chinese immigrants

**Figure 5.1.2** Concept map depicting the relationship between predetermined categories and interview themes

- **Chinese cultural beliefs**
  - Philosophy of living
  - Life attitude and retrospection
  - Concept of ageing

- **Environmental conditions**
  - Physical environments
  - Having good neighbours
  - Home environment
  - Access to transport
  - Quality of health care services
  - Use of social welfare resources

- **Physical and mental health**
  - Impact of illness
  - Level of physical activity
  - Dietary habits
  - Mood state

- **Communication**
  - Language barriers
  - Cultural differences

- **Sensory abilities**
  - Sensory impaired
  - Performing activities of daily living
  - Adjusting to and accepting the disabilities
  - Interaction with others

- **Death and dying**
  - Be aware of inevitable death
  - A good death wish
  - Acceptance of death
  - Being reluctant to talk about death

- **Autonomy**
  - Making own decision
  - Being independence
  - Having freedom
  - Sense of control

- **Social participation**
  - Managing own time
  - Participation in social activities
  - Involvement in Chinese community
  - Being able to do leisure activities

- **Intimacy**
  - Interpersonal relationships
  - Sense of connectedness and support
  - Practice of filial piety

- **Past, present and future activities**
  - Looking forwards to things
  - Enjoying life
  - Achieving life goals
  - Experience occurring in early life

... new themes emerged from interviews
(1) Sensory abilities

According to Hutchison (2008), the deterioration of sensory abilities can have a significant impact on quality of life. The Chinese informants reflected this view. Two informants noted that deterioration of sensory functions such as visual and auditory acuity was an expected physiological change of ageing. They regarded sensory losses as part of and parallel to the ageing process, and they recognised that sensory loss affects quality of life but that they believed it was something that could be managed.

As Mr B, aged in his early 70s said:

I am totally deaf in [one] ear and it cannot be treated even though I have seen several doctors. However, I think this does not affect the quality of my life or communication with others. For me, it is just a very small problem and I do not care about it. I think having some health problems is common in people when they are getting older.

Mr B believed that health was bound to deteriorate with age and that declining sensory ability was a natural part of ageing. His hearing impairment did not severely affect the performance of the activities that were part of his daily living and interactions with others. However in contrast, for Mr C, also in his 70s, his visual impairment and loss of hearing had some negative influence on his daily life:

I suffered from macular degeneration in [one] eye and had surgery several years ago. However, I feel the prognosis is not good. I still cannot see clearly when watching television programs…Loss of hearing has some influence when I am talking to someone. Sometimes I cannot hear people’s words clearly if they speak too fast or their voice is too low. This situation may cause some misunderstandings to occur. …It does not stop me from participating in any activities, such as social gatherings.

These two informants show an awareness of the need to accept and adjust to sensory impairments brought on by ageing but did not associate these impairments with a significant loss of quality of life.
(2) Autonomy

Autonomy refers to the freedom to determine one’s own action and to be able to live independently (Gabriel & Bowling, 2004; WHOQOL-OLD group, 2006). In prior studies autonomy has been recognised as an important factor related in the quality of one’s life (Fry, 2000). All the informants believed that having freedom, personal control and autonomy in making decisions in later life was essential to the quality of life of older people, particularly being able to do things for themselves. Four informants lived with their family and helped look after their grandchildren when they first arrived in Australia. This had resulted in them staying home and missing opportunities to participate in social activities, however it had generally deepened family relationships. They expressed the view that being able to choose their lifestyles and have freedom to do what they wanted was important to quality of life. Both of the following comments illustrate this:

…I was stressed living with my daughter because I had to look after their life. [Now] only living with my husband, I feel free to do things as I wish. I can also easily manage my time. For example, I can go to English classes. In the past [when living with her daughter], I had no time for study…I think it is unnecessary to live with my children. I live in public housing. I like a free lifestyle. Older people’s eating habits are different from those of young people. I believe that it is good if I do not live with them. (Mrs E, mid 70s)

I live alone. I have my own time and space so I can manage my everyday life. I participate in different activities almost everyday. Every Tuesday and Wednesday I go to English classes. … I think my life in Australia is not bad. (Mrs G, late 60s)

Living alone or only living with a spouse was considered a factor affecting quality of life by informants. It gave informants the freedom to manage their time and arrange their daily activities without additional worries of family matters.

Avoidance of dependency on others was important to people in maintaining their quality of life. As Mrs E (early 70s) said: “People must treasure the time while they are independent to do things as they wish; that is happiness.”
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The majority of informants mentioned that any future loss of independence would reduce their quality of life. Some informants stated that they would move into residential care if they were bedridden or incapable of taking care of themselves. They did not want to be an emotional or financial burden on their children. Mrs F (late 70s) showed how strong such feelings can be “…I have to take care of myself. If one day I cannot do this, I will go to a nursing home. I cannot increase the burden on my daughter.”

(3) Past, present and future activities

Certain previous life experiences can be a crucial factor that influences older people’s views of their current lives (McKevitt, Baldock, Hadlow, Moriarty, & Buttet, 2005). Most of the informants had experienced hardships earlier in their lives, such as living in difficult times, growing up during war and facing changes of government. For informants who had experienced deprivation in the past, they had built up an optimistic attitude towards their everyday life and now keep a positive outlook on their future lives. This had an impact on how they saw quality of life. Mr B’s following quote shows how his life philosophy leads to optimism.

People usually encounter difficulties when suffering hardships. I understand the truth so I was not afraid to face any difficulties. I am optimistic about everything and try to address the difficulties that I have met by myself. I keep thinking about things positively and believe that I can live through them. (Mr B, early 70s)

In the case of Mrs F, she showed an appreciation of a simple life because of hardships experienced in war.

I grew up in poor circumstances so I do not have very high requirements for my life. I always feel satisfied, to be honest. …I was born in the War. My childhood was spent in the war. I have been through hardship so I do not have high requirements for life. (Mrs F, late 70s)

Satisfaction with their current life and enjoyment of their life in Canberra were mentioned by five informants. They manage their daily life and actively participate in different activities.
which gives feelings of having spent a meaningful day and of being able to do things as they desire. For example, Mr A said: ‘I like to attend community activities and meet with my friends. This is because I can share my feelings with my friends and it also puts me in a good mood.’

All informants spoke about their expectations of their future life. Some expressed the hope that they would be able to keep physically fit and maintain their independence which links back the importance of autonomy.

I hope I can always keep my body healthy. I do not have other special expectations. Now I am getting older. … I don’t think anything needs to change anything for me to have a better life. (Mrs G, late 60s)

Others showed the importance of intergenerational commitments as reflected in their hopes that their children and grandchildren would be able to have good lives in Australia.

I really expect nothing special in the future. If I have to choose one thing, I hope my grandson will become a useful person and make a contribution to the country. (Mr A, mid 70s)

(4) Social participation

Participating in social activities is important to older people for keeping busy and active, meeting other people, and maintaining an interest in life. For example, attending English and computer classes enables older people to meet new people and stimulate their minds as well as serving as a regular meeting for socialising. All the informants reported that participating in social and local community activities was an important feature of a good life. Five informants reported that they shared their feelings with friends and received emotional support from their friends when engaging in such activities. Mr A made a point about the importance of friends who share the same language and cultural background:

I usually meet Chinese friends more often than western friends because I don’t have any language problems with them. I see them almost once a week. Staying at home will
make life boring. I like to attend community activities and meet with my friends. This is because I can share my feelings with friends and it can also put me in a good mood. If I stay at home, I just watch satellite television. This is not good for my health. (Mr A, mid 70s)

In a similar way, Mrs F noted how valuable group activities were for maintaining social contact.

I attend a number of Chinese senior activities. I go to group activities to meet my friends. If I am unhappy, I can find someone to talk to. I can share my feelings with my friends as well as receiving mental support from them. …Staying at home makes life boring. Therefore, I regularly go to the groups if possible. (Mrs F, late 70s)

However, limitations of bus services was seen as a disadvantage when accessing valued social activities. Mr A (mid 70s) commented that weekend bus services constrained him significantly:

…Compared with weekday timetables, the buses are infrequent at the weekend so I have to wait a long time for a bus (one hour normally) during the weekend. This situation influences my willingness to go out or participate in community activities. I would rather stay at home rather than go out for social gatherings.

In addition to participating in social activities, involvement in the Chinese community, such as attending functions organised by the Chinese community was also considered a positive influence on quality of life among the majority of informants. Some informants explained the importance of emotional and practical support from the community, and sought help and advice from Chinese-speaking friends.

…I cannot talk to English-speaking workers on the phone and ask them to my house to repair things. However, some Chinese organisations provide language support for older people. I can receive this kind of help from these organisations. (Mr A, mid 70s)

These Chinese groups actually offer some help for older people. For example, they can help me to book a community bus when I go to see a doctor. (Mrs E, early 70s)
Having personal hobbies and leisure activities was clearly related to individual quality of life in the case of two informants. As indicated by Mr B and Mrs H below, these activities could keep them busy and active, and give them a sense of purpose. Mr B provided an interesting slant on poker machines as a form of leisure:

I think the lack of exercise or not going out is not good for health, especially for retired people. In Australia, I have various hobbies… Of these hobbies, I like playing poker machines very much… I do not think playing poker machines is a gambling game. I think this game can make my brain active. I don’t mind how much money I won or lost. It does not matter. Keeping a happy mind is really the point. (Mr B, early 70s)

(5) Death and dying

In the literature, there is some evidence that many migrants hope to return to their country of birth to die (Chung & Wegars, 2005). However, the majority of these informants did not intend to return to their homeland while alive or to die. This is in sharp contrast to the traditional belief expressed in a popular Chinese saying - ‘falling leaves return to their roots’. This suggests that these informants have adapted to life in Australia and view Australia as their home country. Mr A explained that his view has changed from the traditional belief:

With regard to death…, I think Chinese people always remember and miss their hometown, and wish to go back when they are old. There is a Chinese saying-‘Falling leaves return to their roots’. Many people living in China usually buy a burial plot for the preparation of their funeral. I have had this idea before. …Where I might be buried is not important to me at this moment. (Mr A, mid 70s)

Similarly, Mrs F sees herself as having many hometowns and in her older age is now comfortable to die in Australia.

I do not have this idea (falling leaves return to their roots). I was born in Northeast China. I lived in G. for several decades. Can you tell me where my hometown is? Now I live in Australia. I want to die in this place…that is what I think. I am satisfied with living here. (Mrs F, late 70s)
In the Chinese culture, a good death refers to death that is a result of natural causes after a contented life with no great life regrets (Zheng, 1999). Some Chinese people believe that a good death is considered as a reward for people who practice good deeds in their whole life. In this study, the hope for a good death, such as being able to pass away peacefully while asleep or being able to leave when it is time to go and without any pain was mentioned by three informants. They noted that without health and independence, life was merely prolonged; life was meaningless.

I hope it is like a light switch when I die. Switch off, I die. I don’t want the end of my life to be like my wife’s. She had been suffering a great deal of pain near the end of her life. (Mr D, late 80s)

When I am very old and unable to care for myself, I do not want to live any longer. I would rather die quickly. …I hope I can die in my sleep without any feeling. …(Mrs E, early 70s)

All the informants reported that they regarded the reality of their own death as an inevitable part of the natural process. They talked about the idea of death in a very natural manner. Most informants had discussed their funeral arrangements with their family. The acceptance of death as a part of a natural cycle meant that quality of life was enhanced:

… birth, ageing, illness and death, are just a law of nature. I do not worry about ageing or death because worrying too much is not good for mental health. Moreover, I know it is a natural and unavoidable process, it is unnecessary for me to pay much attention to that. (Mr B, early 70s)

I believe that ‘birth, ageing, illness and death’ are part of a natural process of life. It is equal for everyone. I have talked to my children about my funeral arrangements. I would like my body to be cremated after my death, and my bone ashes scattered at sea or buried on a mountain. It is unnecessary to send my ashes back to my hometown. (Mrs F, late 70s)
If you die, you die. There is no need to think about that too much. I have talked to my daughter about my funeral arrangements. I would like my body to be cremated after my death. (Mrs G, late 60s)

However, as in many cultures, there is still some taboo on conversations about death. Mr C was reluctant to talk about death because that topic made him feel uncomfortable.

I have no idea about that (‘birth, ageing, illness and death’). I don’t like to talk about any issues related to ageing or death. The more I think about age, the more I am afraid of that. (Mr C, late 70s)

In traditional Chinese culture, there is a belief that discussing death may bring bad luck. This is evident in Mr C’s comments, however, for the most informants, death was a natural part of life and one which did not cause stress that might impact on quality of life.

(6) Intimacy

Interpersonal relationships are a critical determinant of quality of life in older age (Gabriel & Bowling, 2004). For this group, good family relationships and friendships were essential for companionship, to enhance their psychological wellbeing and prevent loneliness. Four informants stressed that having good, close and supportive relationships with their family or friends is a vital element of quality of life. For Mr A, there is a particular value in family as a centre for intimacy.

I believe good relationships with a partner (spouse) and family members affects personal emotion. Having bad family relationships has a negative impact on family harmony. My life will also be in a difficult situation… I hope I can live a few years longer because my son and grandson are around me. Both of them bring me joy and happiness. Therefore, I want to enjoy more years of this life. (Mr A, mid 70s)

However, for some respondents such as Mrs G friends can and do provide intimate links and connections:
Having a good friend is very important. She or he can remind you about things that you should pay attention to. Or you can share your feelings with her/him. (Mrs G, late 60s)

Poor relationships with family resulted in feeling dissatisfaction with quality of life. For example, Mr D, in his late 80s, indicated that the impact of a deteriorating family situation and saw this as something he would like to change “I feel loneliness… If family relationships can be improved, I think my life will be better than now”

Apart from relationships with family members, having a confidante such as a spouse could be an important contributor to social relationships and support. Nevertheless, having previous poor life experiences with a spouse can be a critical factor that prevents people from seeking or developing new relationships with others. Mrs G, who is a widow, explained that there is a balance between intimacy and autonomy:

My husband died from a stroke. Before he passed away, he was bedridden for ten years. I was the only person to look after his daily life… I have been afraid to have the same life again. Now I am free. I can do what I want and eat what I like. I feel this life is enough. …I have lived alone for 20 years. I have got used to this kind of life. … I don’t want to look after another older person. (Mrs G, late 60s)

The relationship between parents and children is one of most important family values emphasised by all the informants. The concept of filial piety has existed across the ages in Chinese society and it expresses the idea of children’s respect and caring responsibilities for their parents. The majority of informants thought that the idea of filial piety had faded away under the current practices of the younger generation, especially for those families now living out of China. Mrs G saw the change as reflecting new attitudes of younger generations:

Filial piety… in China… It’s hard to say. I think this idea perhaps has been forgotten by many people. In Australia, my daughter still holds this view. For the younger generation, I think this idea may have disappeared.

Four informants particularly appreciated the difficulty of their children’s lives in a foreign land and noted it was unnecessary for their children to take responsibility for their life if they were capable of looking after themselves. They were mostly concerned about their children’s
happiness and wellbeing; many of them hoped that they would not become a burden to their children. Mr A stressed that he was happy with the change in approach to filial piety:

Filial piety is emphasized in Chinese culture. In the past we always believed that parents bring up children for the purpose of being looked after in old age (養兒防老, yǎng ér fāng lǎo). This thinking has been followed by many Chinese generations, including my generation. Now this concept seems to be changed and will gradually disappear. In addition, I think life is hard for my son especially when they first migrated to Australia. I do not require them to look after my wife and me. (Mr A, mid 70s)

All informants regarded children as the central core part of family life so they were more concerned about whether their children had a good life in a new country. Many of them did not expect their children to provide support and care for them. Both Mrs E (early 70s) and Mrs G (late 60s) believed that a prolonged illness impacted on quality of life and filial relationships:

If your body is fit and healthy, you are happy with your life. In contrast, if you need someone to look after everything for you, you will feel your life is very uncomfortable; for example, if you are bedridden and need total care from other persons, even if you want to pee, you need someone to give you a bedpan. That is a dreadful thing. Chinese have a saying that after caring for frail parents for a long time, adult children are not likely to be as filial as before. What do you say? .

This idea (the purpose of raising children is to ensure parents can depend on their children when older) has existed in Chinese culture for a long time. Otherwise, why do we want to have children? It’s quite hard to talk about this question. In the future, if I am too old to take care of myself, I will go to a nursing home. Grown children are not likely to be as filial as before after caring for frail parents for a long time. Like one of my friends, she was bedridden and unable to take care of herself. She was finally sent to a nursing home because her children could not look after her any more. What can we say? This is no way.
It is understandable that the meaning of filial piety has changed over time for this group of informants. Their attitudes show how living in a new culture can enable an older person to reconsider previous cultural norms and come to a positive resolution. These informants appreciated their family connections without feeling a need to live together. Their quality of life was enriched by family in a different way to that in traditional Chinese society.

5.2.4 Extended thematic analysis

The four new common themes that emerged from the interviews are presented in this section. The themes are physical and mental health, communication, environment and neighbourhood, and Chinese cultural beliefs.

(1) Physical and mental health

All informants believed that having good health is essential to retaining their independence and quality of life. The positive affects of good health was in relation to being able to do what they want to do, being able to go around freely and being able to participate in various social activities. Mr D, late 80s, gave a typical view of the importance of health:

I think that physical health is essential in determining whether someone has a good life or a poor life. … I feel health is the most important thing. Without having good health, a person cannot travel around independently or have good appetite to eat food even if it is gourmet food.

Individual behaviour and lifestyle may influence individual health and further impact on the quality of one’s life. The majority of informants highly valued active maintenance of good health. Mr B (early 70s) believed that having healthy dietary habits and regular exercise would lead to a good quality of life.

In my mind, eating nutritious food and regular exercise can help me keep fitness. Good health enables me to go around somewhere. These things are important to my life.
Further, as Mrs E (early 70s) noted the individual has to take direct control of their own health decisions:

Personal behaviour determines how long you take to recover from illness. Poor health is just like going downhill. If you want to stop the progress, you have to stop it by yourself. Other people cannot help you.

However, physical illness can lead to psychological distress and lead to a poor quality of life. Mrs E also emphasised the impact of pain and explained how poor physical condition affected her emotional life.

… A serious pain in my knee affected not only my physical condition but also my emotions. I felt I could not do things I wanted to do. I felt very depressed. It was a hard time for me. After I had surgery in hospital in Sydney, I felt my life was back to normal. Therefore, I believe physical health really has a considerable effect on an individual’s mood.

The experience of caring for family members in poor health was also regarded as fundamental in reducing quality of life. For example, Mrs F (late 70s) looked after her husband who suffered from depression and this resulted in her losing some opportunities to participate in social and community activities as well as doing leisure activities.

… I used to participate in a variety of social activities. Now I have less chance to attend these activities due to my husband’s poor health. In the past, I was a leader of a Chinese activity. I used to attend meetings or activities in the evening. Since my husband has been in poor health condition, I have resigned from my leadership role. This is because I have to stay at home to look after my husband. …Now I cannot watch television at home because he thinks it is too noisy. What I can do is listen to news on the radio or read newspapers.

One informant noted that personal characteristics influencing mental health also related to individual quality of life. Mrs E (early 70s) believed that an extroverted personality would help people to build up good relationships with family and to get along with people:
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I don’t have any problems living with my children. This is because of my personality. I think I am an easy-going person and do not care about unnecessary things. This makes it easy to stay with other people.

Having good mental health emerged as an important life goal for some older people to maintain and promote their quality of life. Indeed for Mr B (early 70s) a positive attitude was important as it improved daily quality of life but was also potentially a preventative action that would maintain good health and avoid illness:

…no matter what health problems I have, I believe that living a happy life is essential. This is because keeping a good mood will reduce any chance of developing illness.

(2) Communication

Language barriers for immigrants have been well-demonstrated (Ferguson & Browne, 1991; Chappell & Lai, 1998; Mui et al., 2007), and for these informants there was a direct relevance to quality of life. All but one informant pointed out that language skills were a major determinant of quality of life. Some of the informants noted the influence of language barriers when accessing mainstream services, such as the use of bank services or making a phone call to English-speaking service providers. Mrs G (late 60s) illustrated how language barriers directly affected her in everyday life:

My worry is the language problem. The language barrier causes some troubling situations for me. For example, I cannot communicate with the doctor. If I encounter problems outside, I cannot talk to someone whose native language is English. And I cannot talk to people on the phone if they speak English.

Because of the lack of ability to communicate in English, the informants preferred to see Chinese-speaking general practitioners. Mrs F (late 70s) explained how she has been able to adapt in many areas, but not in medical care:

If you ask about my life in Australia, I think my main problem is the language barrier. Except for this problem, everything is fine. For me, it is not a problem to go shopping in
the mall, but it is really a problem to see a doctor. I have to see the Chinese doctor. I cannot talk to a doctor who is from Australia or other countries about my condition.

Communication problems also bring some disadvantages in interpersonal relationships, such as when mixing with people from other countries and building up social networks in Australia. Mr C (late 70s) explained how a shared culture is an important part of deeper relationships. As a Taiwanese, he shared a common language with other Chinese, but showed that deeper communication also depends on shared cultural background:

I feel sometimes I cannot speak freely to older people who come from mainland China. I can only talk to these people about general things but not deeper thought. The reason is that we don’t have common ground on one topic.

Communication and language constraints were factors that did influence negatively on quality of life for this group as it has limited their social circles and their interactions with others.

(3) Environmental conditions

Environmental conditions, including home environment and neighbourhoods, financial status, social welfare resources, quality of health care and transport were factors that influenced individual quality of life of informants.

Home environment and neighbourhoods

Living in a good environment and neighbourhood were associated with good quality of life. For some, the physical environment, including the weather and fresh air was important for their enjoyment of life in Canberra.

The climate in Canberra is quite good because the temperature is not too hot or too cold. I enjoy living in Canberra very much. (Mr B, mid 70s)
I am happy with the living environment. Blue sky. White clouds. Fresh air. I like this environment. I also feel Australian people are friendly and honest. (Mrs F, late 70s)
In addition, a good home environment was seen as one that had feelings of safety and good living spaces and was part of a good quality of life. Mrs E (early 70s) showed how outdoor life was an important aspect:

I think that the living environment in Canberra is good. The population in Canberra is lower than that in Sydney. This makes it quiet and peaceful. Fresh air. Good living space. I can grow plants or vegetables in my garden. I am happy living in Canberra.

A number of informants explained that having a good relationship with neighbours also contributed to a good quality of life. They appreciated neighbours who were friendly and who had provided practical help such as making a phone call to service providers, or providing lifts to somewhere or help with shopping. Two informants described stories of how neighbours had helped each other. For example, Mrs F, late 70s, stated that her neighbour sometimes offered her a lift to go shopping and she felt that she got along well with her neighbour. Additionally, neighbours were sometimes regarded as more important than family. As Mr D, late 80s, explained:

There is a Chinese saying ‘A good neighbour is better than distant relatives’. My neighbours treat me very well. If something needs repairing, they help me make a phone call to the services.

Mr D stated that the support and friendliness of the neighbourhood has made him feel welcome in that area. Feelings of being part of a community via good relations with neighbours appears to be important to a positive quality of life.

Transport

As discussed earlier, access to public transport was considered to be important for retaining independence and therefore maintaining a high quality of life. Further, some informants who found public transport in Canberra convenient and helpful for accessing social activities, also noted that the government subsidies of public transport costs, created a sense of a positive and supportive environment. For example, two informants noted free bus-passes or discounted fares available to older people encouraged them to go out without worrying about transport fares.
The public transport is convenient for older people. In Canberra, older people like me, aged over 75, do not pay any bus fare. I usually take a bus to go anywhere in the city. (Mr C, late 70s)

Our seniors can purchase a concession ticket on the bus which allows us to use the bus all day. Recently, my GP helped me apply for the Taxi Transport Subsidy Scheme. I can get a 50% subsidy for each trip when I take a taxi. … I can use this voucher to take a taxi to see a doctor or go shopping. (Mrs F, late 70s)

Mr A (mid 70s) also explained how important bus services are for older people like him who due to health issues can no longer drive:

I used to drive a car in Australia. The car gave me independence to go to the places I wanted to go to. However, since I had a stroke, I am not allowed to drive a car. Being unable to drive is an inconvenient thing in my daily life … It also makes me feel that I have lost the chances and ability to help friends, for example, giving friends a lift.

It is clear from these informants that access to efficient transport had a direct impact on their quality of life.

Financial status and social welfare resources

Having few financial worries was a key element in maintaining the quality of life. The provision of social welfare benefits such as financial support and the provision of public housing was reported to be essential for the quality of life by six informants. Most of the informants were satisfied with the social welfare system in Australia. For example, informants who received financial support from the government were happy with their current financial status, and they emphasised that their financial security had made their life in Australia easy. This appears to have given informants a greater peace of mind:

…although I only worked in Australia for just over one year and did not make much of a contribution to Australia’s society, the government still provides a large amount of support for me, particularly the provision of financial support …This makes my life in Australia easier. (Mr A, mid 70s)
Now we receive the Special Benefit from the government. Both of us can receive over one thousand dollars in each month. Some of the money we use to pay for rent. The rest of the money is enough for our daily living costs. (Mrs F, late 70s)

The provision of public housing gives some older immigrants access to affordable rental housing in Australia. As Mr D (late 80s) stated, social welfare, such as the age pension and public housing, provided substantial support for him during life’s difficulties and in the maintenance of his quality of life. ‘…Australia’s social welfare system provides great support to me. The age pension, for example, helps me during my life’s difficulties’.

Informants believed that public housing was a good policy and the provision of public housing based on the need of residents was important to the quality choice of environment. For example, Mrs G (late 60s) found the responsiveness of the public housing department made a significant difference:

I think the living environment in Canberra is good. Before I moved into my current home, I lived on the second floor. This was really inconvenient for me. As I told you before, I've suffered from knee pain. I applied for a house-moving permit. The government approved my application quickly. Now I live on the first floor and do not have to climb the stairs.

In a number of different ways, these informants showed that support from government gave people a sense of security. All were grateful for this on-going level of support.

**Quality of health care**

Older people are the main users of health care services (Walker, 2004); consequently, the process of accessing health care services was critical to the quality of life among this group of older people. Long waiting times and rising medical expenses were mentioned by three informants as negatives influencing on the quality of their life. Both Mr C and Mr D were quite concerned about this:

I feel that access to health care services is inconvenient in Canberra. I have two reasons for this thought. First, the medical costs are higher. …Secondly, the waiting time is too
long. In [my home area], I wouldn’t worry about how long I should wait for surgery if I don’t have private medical insurance. (Mr C, late 70s)

I think problems, such as waiting times, cannot be solved. I cannot see a doctor immediately if I feel unwell. I have to make an appointment first and wait for one week to see a doctor. Generally, I have almost recovered before I am able to see the doctor. (Mr D, late 80s)

However, there were a range of different opinions about the quality of health care in Australia. Two other informants believed that they had received good quality health care, especially as there was no worrying about medical costs when they suffered illness. Mr B (early 70s) contrasted the situation in Australia with that of China:

In Canberra, I do not pay money for seeing a GP. I only pay money for seeing a specialist. Do you know that in China, if people do not have money to pay medical costs, they cannot see a doctor, or even be admitted to hospital. In Australia, I take an X-ray exam without any fee. As a result, I am satisfied with my access to health care services.

Given that this group of informants all felt that health status was an important contributor to quality of life, the Australian health care system effectiveness also links to quality of life.

(4) Chinese cultural beliefs

The informants’ responses revealed that traditional Chinese cultural beliefs had an influence on these older Chinese people’s view of their lives. When discussing the concept of ageing with informants, as would be expected with many other cultural groups, all of them had a common view that ageing was a normal process of life experienced by all human beings. Most of the informants believed that it was unavoidable to have health problems and experience decline in physical function when people get old. Mrs G (late 60s) illustrates how the acceptance of one’s destiny can help a person to face the negative changes of ageing.
Chapter 5.
Phase 2. Quality of Life Interview

The decline in physical function with age is a natural thing. A machine with long-term use will be broken one day. No human beings can avoid that. The individual quality of life will be affected, or may even become poorer. I think everyone faces this situation and must just accept it.

Whilst this understanding may be found in other cultural groups, it also reflects the traditional Chinese belief that with the arising of birth, there is the arising of ageing and death. When a person is born, the process of ageing begins and death exists. The Buddhist philosophy teaches people that suffering and pleasure are the elements of all human beings: physical sufferings (birth, ageing, illness, and death) and mental sufferings (parting from loved ones, facing what we hate, and unfulfilled desires) are found in all of life from birth until death. Buddhism emphasises that suffering is a fact of one’s life.

All informants regarded ‘birth, ageing, illness and death’ as the course of nature, which someone could not predict or control. In traditional Chinese beliefs, this is known as fatalism and these informants reflected such fatalism about the course of their lives.

People grow old, and then they die. This is just a natural phenomenon that people return to dust on earth. … I believe that ‘birth, ageing, illness and death’ are natural processes of life. Everyone is equal. (Mr E, early 70s)

It is the fate of all human beings. Everyone experience the processes of life. (Mrs G, late 60s)

Part of fatalism is seeing one’s self as part of a natural cycle in which there is the need for harmonious action to cooperate with nature. One informant stated that enjoying what is nature and obeying what is destined was also an important factor that was associated with the quality of one’s life. Mrs F, aged late 70s, said:

I accept my fate. I do not take things that do not belong to me. What is yours will be yours eventually; what is not destined to be yours, you can’t force to be yours.

Fatalism is reflected in the Chinese philosophy of Confucianism and Taoism. Here there is a belief that everything is predestined and people can do nothing to change it. The only thing
that people can do is to obediently accept what is correct in one’s destiny. Further, living in harmony with natural process has been a long held Chinese value; for example, Chinese Taoism suggests that the good life is a state of equilibrium between natural, human societies and individuals, brought about by the harmonious relationship between Yin and Yang (Lu et al., 2001).

The idea of living in the present was also important; for people, to live one day at a time, to view life positively and to treasure their own life. This ideal was outlined by Mrs F (late 70s):

My idea of life in old age is ‘living for one day, having one day’. I am not afraid about when I will die. There is no need to think about death. It is a natural thing.

Mrs F’s comment reflected the Chinese traditional belief that ‘life is transitory’, and ‘life and death are determined by fate’. People never know what tomorrow will bring, but they can have control over their present thoughts and feelings. For these older people it is important to live in today and treasure every day. This also reflects the teaching of the Taoism, which advises people to enjoy the present moment because they must realise that fate is not in their hands (Zhang & Veenhoven, 2008). These informants show how traditional Chinese philosophy helps them understand the ageing process in a positive way; it is similar to western views of ‘acceptance’ of ageing but it has a deep cultural philosophical base.

Being contented was also seen as a key to obtaining a happy and good life. The majority of informants noted that satisfaction with what they need rather than want has led them to live a simple life and gain peace of mind. Through an awareness of the necessity to accept their situation and be contented, they saw that the quality of their life would be increased.

The desire to have more money or material comfort would not be a good thing. I believe finding spiritual happiness is more important than seeking material comfort. Chinese often say that ‘enough is as good as a feast’. Keeping this thinking will help me live a peaceful and happy life. (Mr B, early 70s)

The proverb Mr B quoted shows how holding certain traditional Chinese values can improve a person’s quality of life. Mrs G (late 60s) also had a similar thought:
If I get a serious illness, I want to die quickly. If I just get a minor illness, I will try to maintain my health. It doesn’t matter now. I do not want to think about it now. Just keep a positive attitude towards my life. Happiness lies in contentment, and not thinking about things too much.

When reviewing one’s life, moral insight and the appreciation of the value of a worthy life were important for people. Mrs F late 70s showed a belief of causality when she commented:

Life is strange with its twists and turns. Life must go in the right direction. People who do good deeds will naturally have good fortune. Your life will also get better. When you go to sleep every night, your mind will be at peace. When I close my eyes, I am worthy of my own conscience. One day when I leave the world, there will be nothing to regret. That is all my life.

The statement aligns closely with the Chinese philosophy that people get what they deserve; they reap what they sow.

Informants’ philosophy about life affected the way in which events and circumstances were interpreted. Mrs F said that she moderates her expectations in order to stay happy and optimistic, whilst Mr D believed that making comparisons with those who were worse off than him helped to maintain positive wellbeing.

Life is difficult. As we live to be eighty years of age, we have gone through different life experience, including smooth and harsh times. For the future 10 or 20 years, I do not have any special requirements for my life. It will be great to live a simple and peaceful life. (Mrs F, late 70s)

Life… I feel it is a comparison. Like me, I am worse off than some, better off than others. (Mr D, late 80s)

Traditional Chinese culture embraces a common perspective of valuing older people. As was discussed earlier in this chapter, the notion of filial piety meant that in the past, in a Chinese context, adult children had the responsibility to respect, support and care for their older parents. However, there has been an enormous social and cultural change over the last
Falling leaves: an exploration of the perceptions of quality of life among older ACT Chinese immigrants

fifty years, not only in the Chinese world but also more broadly. This change is reflected in the views of these informants who have undergone significant change as they have adapted to their lives in a new country. This has meant that for these participants their views on filial piety have changed and filial piety is no longer an essential contributor to their quality of life. However, other traditional Chinese philosophical views have persisted as ways of making meaning of life; in particular ideas of fatalism and balance in life and nature (Yin and Yang) seem to have been positive contributors to quality of life for this group.

5.3 Overall Domains and Links

The domains from WHOQOL-OLD and the four new domains identified in the interviews did show a number of overlaps which demonstrates that the domains of the quality of life are inter-linked and interrelated. As can be seen in Figure 5.3.1 six quality of life domains for this group of older Chinese immigrants can be seen.

![Figure 5.3.1 Six quality of life domains of older Chinese immigrants](image-url)
Chapter 5.
Phase 2. Quality of Life Interview

The domain of physical and mental health illustrated how quality of life is impacted by the participants’ present perception of their body and mind status. This is seen in the sub-domains: ‘impact of sensory abilities’, ‘physical functioning’, ‘mood states’ and ‘personality’. The autonomy domain includes three sub-domains: ‘being independent’, ‘keeping control in life’ and ‘being able to make decisions’. Social participation referred to active participation in daily life and establishing social support networks. This included sub-domains of ‘participating in social activities’, ‘being able to manage one’s life’, and ‘involvement in the community’. The domain of Chinese traditional philosophy showed how this group had cultural values based on three philosophies: Confucianism, Taoism and Buddhism. This influenced the individuals’ perception of their life. It was shown by the sub-domains of one’s past and present life, and future perspective’, ‘thoughts about death and dying’, ‘having intimacy with others’, and ‘life attitude and philosophy of living’. The domain of communication showed how the lack of language skills could lead to restricted socialisation and some feelings of being dissatisfied. This domain included two sub-domains: ‘language barriers’ and ‘cultural differences’ Environmental conditions includes four sub-domains, which are ‘home environment and neighbourhood’, ‘transport’, ‘social welfare resources’, and ‘quality of health care’.

5.4 Chapter Conclusion

The interviews revealed a number of factors that influence quality of life among these older Chinese immigrants: many of these are also found in the literature and in studies of other cultural groups. However, the impact of Chinese worldviews and philosophy on perceptions of quality of life is an important finding from these particular respondents.

A most interesting finding is the change in attitude in this group regarding filial piety, which is an important family value in Chinese ethics. The practice of filial piety guides Chinese patterns of socialisation and intergenerational relationships (Lau & McKenna, 1998). In traditional Chinese culture, living with older parents and taking care of their needs has been considered the basis of filial piety. However, there are significant challenges to the concept and practice of this cultural value because of the changing social-cultural environment due to immigration (Lai, 2005). The impacts of these cultural changes are reflected in the living
arrangements and the attitudes toward filial expectations among this group of older Chinese immigrants. These informants did not hold strong filial expectations and none of them lived with their children. A disjunction between cultural ideals and actual practice has also been found in the prior studies (Tsang et al., 2004).

Some of the group agreed that it was their children’s responsibility to look after them, but equally were worried that they would become a burden to their children. They wanted their children to succeed in their new country and so filial piety was weighed against aspirations for their child. Co-residence was not an important issue for this group, perhaps because in Australia public housing provided a viable option. A side benefit of living away from one’s children was that independence and freedom of choice was enhanced and both of these were important aspects of quality of life for this group.

A further factor could be linked to the process of adaptation to a new culture. The literature shows that the immigration experience is accompanied by acculturation and suggests that acculturation levels can be a factor affecting the immigrants’ lives and living arrangements (Ferguson & Browne, 1991; Lai, 2005). Acculturation refers to the psychological process of adaptation and includes two dimensions (Phinney, Horenczyk, Liebkind, & Vedder, 2001). The first dimension is the adoption of ideals, values, and behaviours of the receiving culture. The changes in practice of filial piety and living arrangements can be seen as an example of this. The second dimension is the retention of ideals, values, and beliefs from the immigrants’ culture of origin (Phinney et al., 2001). This study found that the older Chinese immigrants did still hold on to a number of traditional Chinese beliefs and values in their life, for example living simply and in harmony with nature. Holding on to certain beliefs seem to have enabled these Chinese elderly to adapt to their new country but importantly it has also enabled a greater quality of life.

The interviews also show that language skill is a key component of acculturation as that may influence the ability to obtain information and to use services. However, having access to other Chinese people does provide support and guidance and as they share some or all of the same cultural beliefs may mediate the stress of the adaptive process. In sum, Chinese cultural beliefs emerge as important factors that influence quality of life of older Chinese immigrants in this study.
A number of the findings reported in this chapter provide for deeper understanding and are consistent with some of previous research and will be discussed in next chapter.
CHAPTER 6

DISCUSSION & CONCLUSIONS

This thesis documents an exploration of quality of life among older Chinese people in the ACT. This chapter discusses the findings and conclusions that can be drawn from the study.

Section 6.1 integrates the findings of the survey and the in-depth interviews. Section 6.2 describes the implications of the research results for practice. This section discusses the way in which the concept of quality of life applied in the ACT context enhances individual life among older immigrants. Section 6.3 makes several suggestions for future research.

6.1 Discussion

The study enabled older Chinese immigrants to share their thoughts and experiences about factors that influenced the quality of their lives in the ACT. The results from the WHOQOL-OLD survey produced overall scores of quality of life for older Chinese people in the ACT. It also revealed demographic characteristics and domains that were closely associated with quality of life for these older Chinese immigrants. The results of the survey were used to further examine the qualitative findings of interviews with selected older Chinese immigrants.

Through the interviews ten domains emerged that were identified as contributing to their quality of life. The interview results confirmed that six of the domains (sensory abilities, autonomy, past, present and future activities, social participation, death and dying, and intimacy) from the WHOQOL-OLD module had a definite influence on the quality of life among this group of older Chinese immigrants. The findings also identified four major themes (physical and mental health, environmental conditions, communication, Chinese cultural values and beliefs) underlying the considerations and concerns of older Chinese immigrants about quality of life in their later lives. The implications of these results will be discussed in further detail in this chapter.
6.1.1 Quality of life scale

(1) Quality of life scores

The findings of the survey showed that older Chinese immigrants overall reported experiencing a good quality of life in the ACT (mean scores>85). The interviews revealed that the majority of participants expressed satisfaction with their life. The findings of this study illustrated a positive picture of quality of life among older Chinese immigrants.

The mean scores for six domains except the domain of intimacy, were > 14 on the quality of life scale showing that the levels of quality of life in these domains were considered high. The higher scores were attributed to death and dying domain (M=15.17, SD=3.11), to social participation domain (M=15.00, SD=2.59), to autonomy domain (M=14.68, SD=3.22), to sensory abilities domain (M=14.53, SD=2.53), to past, present and future activities domain (M=14.27, SD=2.65). The lowest score was intimacy domain (M=12.82, SD=4.31).

The highest score was attributed to the domain of death and dying. The survey findings identified that older Chinese immigrants were less likely to express fears about death and dying. From interviews, having a positive attitude towards death and dying was the key for people to face their own death. Older Chinese immigrants in this study had a highest death and dying score, indicating better quality of life on this domain. The social participation domain also received a higher score. The majority of participants were involved in social groups and actively engaged in social activities. This resulted in older Chinese immigrants reporting a high score. The finding is consistent with the research that there is a positive link between social participation and an individual’s quality of life (Butt & Moriarty, 2004).

Moreover, it is important to note that one of the lowest scores was attributed to the domain of intimacy. This implied that the intergenerational relationships are likely to have changed in Chinese immigrants. One possible explanation for this result is that immigration may widen the intergenerational gap as a result of the different pace of adaptation and different interests between generations. This may contribute to a deterioration in the relationships with family and affect the individual’s quality of life. Additionally, immigration may also have had a disruptive effect on friendship networks (Nazroo et al., 2004). The consequent reduction of social support and networks can be a reason for a lower score on intimacy. The interview
results however identified family and friendship networks as the key contributors of quality for older Chinese immigrants’ lives.

(2) Demographic characteristics and quality of life

The current study found that demographic characteristics are related to the quality of life of older Chinese people in the ACT. Chapter 4 identified a number of socio-demographic characteristics as determining factors affecting quality of life among older Chinese immigrants. This included marital status, age, educational level and religion. The findings of the current study showed that older Chinese people had higher levels of quality of life if they were married, aged between 55 and 70 years old, with higher educational levels and Western religious beliefs. The results are consistent with the literature that variables including age, marital status, education and religion are considered correlates of quality of life among older people (Hsieh, 2005). The interview results also revealed that people who were married and lived with a partner were more likely to have a better quality of life than those people who were not.

Consistent with the finding of the previous literature (Mercier et al., 1998; Sarvimäki & Stenbock-Hult, 2000; Robison & Molzahn, 2007), the survey analysis showed no difference between men and women in regard to quality of life. Source of income was not a statistically significant factor associated with quality of life due to the receipt of financial support from the government in the case of most participants. This result was also confirmed by the interview findings that the provision of adequate financial support to meet living expense was important to participants in this study. However, the question regarding income does not adequately present a gradient of income in the survey. Income gradients from high to low may have an influence on quality of life. The associations between income and quality of life were not sufficiently represented in the results. In addition, the survey results revealed that there was no positive relationship between years of residence in Australia and quality of life. In other words, the quality of life of older Chinese immigrants did not improve with an increased length of residence in Australia. These results were in consistence with the Foroughi’s study (2001). The interview findings also revealed that two participants living in Canberra for longer 15 years were dissatisfied with their quality of life, while one participant who had lived in Canberra for only 7 years reported a great satisfaction in personal life.
6.1.2 Physical aspects related to quality of life

(1) Sensory abilities

The literature demonstrated that sensory functioning was perceived to be an important domain of quality of life by older adults because a loss of sensory functions sometimes leads to problems with communication, or withdrawal from social interactions (Hutchison, 2008). Changes in sensory capacity, such as vision and hearing are common in older people; many older people believe that sensory declines are a natural part of ageing and need to be adjusted to and accepted (Molzahn et al., 2010).

Contrary to the literature, the interview findings indicated that sensory declines might not have a negative influence on quality of life if people accept impairments and adjust to them. The participants believed that impairment in hearing or sight did not necessarily influence their communication with others or participation in social activities. As described in Chapter 4, the survey findings also showed that sensory abilities were not highly correlated with the overall quality of life for these older Chinese immigrants. This divergence from other studies might be explained by a study by Molzahn (2010) who recognised that many physical aspects of quality of life including sensory abilities were particular important to older people. One possible explanation is that older Chinese immigrants in this study believed that sensory abilities were bound to deteriorate with age and that sensory decline was not a problem which prevented them from dealing with activities of daily living and moving around freely. In this case, quality of life is not primarily influenced by objective physical sensory decline but rather by individuals’ subjective assessment of their own health status as a whole.

(2) General health

Health contributes to the ability of an individual to perform the activities of daily life, to pursue goals in life and to choose the sort of a life they want. Interview findings showed all participants associated a good quality of life with being healthy. This is consistent with the findings of the previous literature that health status is strongly correlated with global quality of life (Bowling et al., 2003; Tsang et al., 2004; Borglin et al., 2005; Deeg, 2007; Hsieh, 2005; Walker & Lowenstein, 2009). Many also believed that keeping fit and healthy was a critical determinant of their quality of life as good health gave them independence and the
mobility to do what they wanted. Although people experienced sensory decline, they did not relate this to poor health.

Levels of physical functioning and general health were likely to affect participants’ living arrangements in their later lives. The current study found that some interview participants planned to move into aged care facilities when they became frailer and were unable to look after themselves. This result brings up another important domain, autonomy, which is closely linked with health status and which affects personal mobility, as evidenced by the relationship between these two variables in the survey and interviews.

6.1.3 Psychological aspects related to quality of life

(1) Autonomy

Autonomy “is the ability of control, deal with and make personal decisions about how one should live on a daily basis in accordance with one’s own rules and preferences” (WHO, 2004, p.10). Both the survey and the interview analysis found that autonomy, independence and freedom were regarded as important in old age by the participants and contributed significantly to the maintenance of quality of life. In other words, having personal control and freedom to manage the activities of daily life and participate in social activities was closely associated with quality of life. This result has also been identified in previous studies, which suggests that having autonomy in making later life decisions as well as being able to pursue a chosen life style are essential factors in the quality of life of older people (Fry, 2000). In addition, the interview findings were supported by the survey results in which autonomy was identified as a crucial domain and related positively to the levels of quality of life in older Chinese immigrants. Both survey and interview results revealed that having autonomy was essential to older Chinese immigrants for maintaining their quality of life.

Interview participants reported being worried about a loss of independence and being a burden on their family. This is consistent with the results of a study by Borglin, Edberg and Hallberg (2005) who found that losing personal control and being dependent were likely to impact on quality of life of an individuals and threaten their visions of their future life.
(2) Past, present and future activities

The older people in this study tended not to make new plans for their future but rather treasured each day that they live. Results for the domain of past, present and future activities in life revealed that a life course perspective was involved in the appraisal of the quality of life of older people. A research study conducted in Sweden also found that the domain of personal past, present and future perspective were associated with older people’s quality of life of and ageing (Nilsson, Ekman & Sarvimaki, 1998). Nilsson’s (1998) study revealed that older people appear to appraise their lives according to their satisfaction with past and present life, future perspectives, philosophy of life and personal health. The current study also found similar results in both survey and interview data analysis.

The domain of past, present and future activities showed the importance of reflections on past life experiences, feelings of satisfaction with the current life and keeping a positive outlook on the future. The survey findings showed that the domain of past, present and future activities had a substantial correlation to overall quality of life. For example, the survey revealed that the majority of participants (91.7%) were satisfied with their life achievements. The evidence of a link between the domain of past, present and future activities and overall quality of life was also revealed in the interview results. The interview findings showed that an individual’s past life experience was a crucial factor affecting the views of participants on their current life. Those having experienced deprivation in the past had built up an optimistic attitude towards their everyday life and viewed their future life positively. For example, most interview participants had undergone very difficult life events, such as growing up during war; therefore, they regarded their old age as better than earlier parts of their lives. Moreover, people in old age develop a sense of integrity versus despair. Older people often reconcile the realities of their lives with what they had anticipated, and spend time reflecting on and appraising their lives (Hutchison, 2008). The current study revealed that most participants appear to achieve the attitude of integrity to attain a sense of fulfilment and satisfaction with the way their life was lived.

One study conducted in Denmark has also identified that levels of quality of life were associated with attitude towards personal life (Ventegodt et al., 2005). Ventegodt and his colleague (2005) argued that quality of life is determined by how life events had been processed and integrated in a person’s mind. In other words, good or bad life events do not
sum up quality of life, but individuals’ attitudes and beliefs to what happen to them that determine their quality of life. In sum, if people can develop a positive philosophy of life and attitude; they gain a better quality of life. A similar result is also found in the current study.

(3) Death and dying

In Chinese culture, death is a taboo topic and Chinese people can be reluctant to discuss issues of death and dying with their family for fear of invoking bad luck (Hsin & Macer, 2006; Xu, 2007; Hsu et al., 2009). However, several studies about death and dying in old age have found different results which suggest that today older Chinese people are less likely to feel distress when talking about death, or to express fear of death and dying (Taylor & Box, 1999; Leung et al., 2004; Bowling et al., 2010). The current study also found a similar result from the interviews. The majority of interview participants regarded ‘birth, ageing, illness, death’ as an inevitable part of the natural process. During the interviews worries about death or the fear of death were infrequently mentioned by the participants as a factor influencing their personal quality of life. The survey results indicated that concerns about death and dying had little influence on quality of life. Nearly half of the participants (47%) claimed that they were less scared of dying or of not being able to control death. In summary, in the current study, both survey and interview findings revealed that the domain of death and dying was less likely to be a major factor that influenced the quality of life of older Chinese immigrants.

However, the survey findings showed low scores for the item about fear of being in pain before dying which means that concern about pain at the end of life was a major concern for many survey participants. A similar concern was expressed in the interviews. Some interview participants expressed their hope for ‘good death’, for example being able to pass away peacefully while asleep and without any pain. In this study, the maintenance of quality of life and dignity at the end of life as well as avoiding a prolonged dying process is important to older Chinese immigrants.

There are two reasons why participants placed an emphasis on a hope for good death. First, respect for autonomy and self-determination of a dying person is not familiar to Chinese (Xu, 2007). In Chinese culture, family has traditionally played a role in making health care decisions on behalf of dying relatives. Family involvement in decision-making about their
parents’ illness, suffering and dying is an expectation resulting from the traditional values of respect and filial piety; adult children are responsible for looking after their older parents and preserving their lives at all costs (Klessig, 1992; Hsin & Macer, 2006). For example, when an older parent relies on life support, their children often will not agree to stopping life support, even if this is a parent’s wish. This is because such decision may dishonor the family members in the eyes of relatives or the community (Klessig, 1992), even though this situation may result in the person having a prolonged dying process and poor quality of life at the end of life. Secondly, the effect of the cultural belief of karma means individuals’ past deeds can be an important determinant of their own quality of life towards the final days of life (Klessig, 1992; Chan, 2000). If a person suffers enormously in the final days of life, the implication is that this person has done something wrong in his/her present and past life to deserve the pain (Chan, 2000). As discussed in chapter 5, this is for the reason that some Chinese people regarded a good death as a reward for people who practice good deeds in their whole life. An expression of having good death in this study revealed that older Chinese immigrants concerned about their quality of life at the end of life.

6.1.4 Social aspects related to quality of life

(1) Social participation

Participating in social activities is important for older people in keeping active and busy, for meeting other people, and maintaining one’s interest in life (Gabriel & Bowling, 2004). The literature has suggested that social participation has a positive effect and contributes to better health (Litwin, 2006), and enhancing quality of life among older adults (Bowling et al., 2003). The interview findings revealed that participating in social and community activities was an important feature of a good quality of life for older Chinese because they were able to share their feelings with friends and receive emotional support when engaging in activities. These findings are supported by the survey results.

For older Chinese immigrants, it is not easy to build a social network or participate in mainstream activities in a new country. However, involvement in the local Chinese community, for example attending functions organised by the Chinese community helped older people to rebuild social networks and enhance their quality of life. Research has
consistently demonstrated that strong ties to the ethnic community mediate acculturation stress and contribute to quality of life because association with the ethnic community provides a positive identity, practical assistance and information and psycho-social support for immigrants (Ferguson & Browne, 1991; Chappell, 2007; Tsang et al., 2004).

The current study also found that active participation in social activities gave older Chinese immigrants a feeling of having a meaningful day and being able to do what they wanted. Older Chinese immigrants felt that they needed to retain their autonomy and independence to manage the activities of daily living. People felt that they had the ability to build companionship with others, influencing their social and emotional well-being.

(2) Intimacy

The WHOQOL Group defines intimacy as when a person is able to have personal and intimate relationships with others (WHOQOL Group, 2006). Interpersonal relationships were a vital determinant of quality of life in older age. Good family relationships and friendships were essential to people for companionship, for a positive effect on well-being by increasing the sense of well-being and reducing vulnerability through loneliness and social isolation. These findings are congruent with other quality of life research studies, including Bowling et al. (2003), Clarke, Evandrou and Warr (2005), and Butt and Moriarty (2004).

The family has always been regarded as the foundation of Chinese society. Analysis of interview data found that good relationships within the family were related to a good quality of life in older Chinese immigrants because such relationships provide emotional and material support as well as helping older people adapt to living in a new country. Butt and Moriarty (2004) argued that social support was a vital factor associated with quality of life because of the strong relationships between the social support of individuals and their physical and psychological well-being. Butt and Moriarty (2004) also pointed out that immigration is a stressful life experience and having good social support mitigates the impact of the difficulties experienced.

It was also clear in this study that re-establishing friendships was also an important task for older Chinese immigrants. The literature suggests that older Chinese immigrants tend to maintain their values and customs by mixing with other Chinese in their own age group who
have a similar immigration background (Chen, 1980; Rao et al., 2006), for example, migration from the same country of origin, like Hong Kong. In the interviews, one participant expressed comfort about communicating with others when they had common ground on various topics. When people speak the same language, deeper communication depends on shared cultural background. The interview findings showed that the new friendships provide social support as well as useful resources and information about the new environment for older Chinese immigrants. This helps them to maintain their quality of life in a new country. The survey results also revealed that most participants had a close partner or friends with whom to share their personal feelings and received support. The link between the domain of intimacy and overall quality of life emerged in the findings of both the survey and the interview.

6.1.5 Environmental aspects of quality of life

A study conducted by Day and Egloff (1991) concluded that environmental components influence the sense of well-being and the levels of quality of life among older people. Lawton (1983) suggests that personal life is always embedded in given environmental conditions which are able to shape the overall quality of life for better or worse. Findings from the interviews revealed that environmental conditions, including the home environment and neighbourhoods, financial status, social welfare resources, quality of health care and transport, were considered important factors that influenced the individual’s quality of life.

Interview analysis revealed that older Chinese immigrants were satisfied with their living environment in the ACT and regarded good housing security and transport as contributing to their quality of life. Housing is a vital aspect of the quality of life of older Chinese people as it is a place that provides a feeling of comfort, shelter and security to them. The interview findings revealed that participants were generally satisfied with the quality of housing; for example, the majority of participants expressed a sense of housing security regarding their home environment and neighbourhood. The findings showed that the public housing policy provided opportunities for older Chinese immigrants to access affordable rental housing in Australia. This is consistent with Lau et al. (1998) and Lee’s (2005) studies identifying the provision of public housing as a factor that contributes to the quality of life of individuals. Most importantly, in this study, older Chinese immigrants believed that public housing is a
good policy because the provision of public housing often accommodates the needs of residents, such as ease of mobility within the home. This makes older people able to enjoy the place where they live.

A number of studies have indicated that transport is an important contributor to quality of life in older age (Tsai & Lopez, 1997; Bowling et al., 2003; Walker, 2004). The importance given to transport by older Chinese immigrants was also noted in the current study. The studies concluded that accessible and convenient transport gave older people mobility and independence to travel freely in the city and participate in social activities. The positive relationship between transport and quality of life was supported by previous literature (Bowling et al., 2003).

Strong evidence exists to show that income security is significantly associated with an individual’s quality of life. Adequate finances not only enhance an individual’s independence but also provide people with the means to do the things they want to do (Bowling & Windsor, 2001; Gabriel & Bowling, 2004; Tsang et al., 2004; Hsieh, 2005; Tan et al., 2010). In the current study, a stable and adequate source of income to support an individual’s activities of daily living was emphasised as a key contributor to quality of life by interview participants. However, the survey analysis showed no statistical significance in relation to source of income. This is because the majority of participants’ lives were supported by the social welfare system through the aged pension and Special Benefits Scheme in Australia. Therefore, a well-established welfare system that can provide adequate financial security for older people can contribute positively to quality of life. Similar findings have also been identified in earlier research (Tsang et al., 2004; Tan et al., 2010).

Health care is considered an important contributor to quality of life for older people. Older people from ethnic groups often experience barriers in accessing health services (Lai & Chau, 2007). This study found that long waiting times, rising medical expenses and the complexity of claim procedures were disadvantages in using health care services and had a negative influence on the individual’s quality of life.

The findings of the study confirmed that environmental conditions have an influence on the appraisal of quality of life. The perception of the quality of life of older Chinese people are
mediated by the interaction between the person and the environment as well as the social context in which they live.

**6.1.6 Communication**

Language proficiency determines the ability of a person to communicate with other people in the society. In this study the majority of participants had a poor command of the English language, with the result that they faced barriers in accessing health care and other relevant social services. This finding is consistent with Lai and Chu’s study (2007) identifying language as one of the main reasons for older Chinese people having difficulty using services. However, Tsang’s (2004) study observed that language differences were not a problem for older Chinese living in Melbourne and suggested that intensive involvement with ethnic organisations and service providers could reduce the negative impact on people’s quality of life. This reveals that one of the key factors affecting personal quality of life is the availability of resources in areas where people are able to access them.

Previous literature has reported that older Chinese immigrants tended to use services with Chinese staff, probably because a high proportion of Chinese elderly were unable to speak or understand English well (Chappell & Lai, 1998). Similar results were also seen in the interview analysis which found that most participants preferred to see Chinese-speaking doctors. The participants felt more comfortable sharing their feelings with someone familiar with their culture and able to speak the same language. The use of interpreter services was rarely mentioned, only by one participant. One possible explanation is that older Chinese people are more likely to seek language support from those people with whom they are familiar, such as family, friends or members of the Chinese community. Trust can be a vital determinant in preferred sources of help with language. Chinese people may feel uncomfortable or embarrassed discussing personal or family matters in front of someone they do not know.

The interview findings indicated that poor language skills can limit the opportunities for social and recreational interaction with people from other countries. Orb (2002) argued that older immigrants often faced the double disadvantage of first, not being aware of the availability of services and, secondly, not being able to seek appropriate access to social and
health services because of the language barrier, thus social isolation remains a health issue. Consequently, there is a need to develop culturally appropriate strategies, such as promoting cultural competence for service providers in order to reduce the effect of linguistic disparities on participation in social activities and ultimately to enhance and maintain the quality of life for older Chinese immigrants.

6.1.7 The impact of Chinese cultural beliefs on quality of life

Culture plays a significant role in the definition of quality of life and has a key impact on many aspects of individuals’ lives, including their values, beliefs, and attitudes in regard to the quality of life (Liao, Fu & Yi, 2005). Traditional Chinese culture has a positive influence on older people by providing guidance in addressing personal life and ageing. According to the findings shown in chapter 5, these belief systems were found to be the fundamental elements affecting an individual’s quality of life. In this study, traditional Chinese culture influences older Chinese immigrants in terms of family values, attitudes towards life and death, as well as their philosophy of living regardless of their religious affiliation.

The concept of filial piety that is emphasised in Confucianism has existed in Chinese society for thousands of years and is expressed through children’s respect for their elders and children’s responsibility for care of their parents. Filial piety has an impact on care behaviour toward older people and their living arrangements (Zhan & Montgomery, 2003). In addition, filial piety is often described as a one-way obligation of children to their parents; however, some studies have demonstrated reciprocal arrangements where many older people support their adult children through the provision of childcare assistance (Wong, Yoo & Stewart, 2006; Sun, 2008). This reciprocal support has also been identified in the current study.

The findings of the study also showed that filial piety remains a crucial family value among older Chinese immigrants, but its significance and practice may have been weakened by the process of immigration and the shift in sociocultural context. Additionally, the study also revealed that the way of practising filial piety has changed. For example, the study findings showed that living independently and moving into residential aged care are both beginning to be accepted by older Chinese immigrants; co-residence is not the only way to practise filial piety. Therefore, living at a distance and maintaining close contact with older parents has
become an acceptable substitute for co-residence. Similar findings have also been identified in previous research conducted in China (Whyte, 2004; Zhan & Qin, 2010).

In this study, some interview participants regarded physical decline and ageing as a natural process and accepted death as a reality. Influenced by Taoist teaching their attitude towards personal life was Wu Wei, a harmonious process of cooperation with nature. Enjoying what is natural and obeying what is destined influenced views on quality of life. This shows how Buddhism has influenced people to believe that their fate or karma is inherited from heaven; in other words, they have no choice but to accept their karma or fate. Only through an awareness of the necessity of accepting their fate, are older people likely to attain a fullness of life (Hsin & Macer, 2003). In sum, older Chinese immigrants’ attitudes towards life and death are drawn from the Buddhist philosophy and also from Taoist teaching-Wu Wei philosophy. It is for this reason that older immigrants believe that declining and dying in older age is part of a natural process, thus helping them to accept and face the negative changes of ageing.

In addition, it seems that the idea of death may bring other meanings to the personal lives of the older Chinese immigrants who participated in this study. In Chinese tradition, people often tend to return to their homeland while they are alive or to die. The interview findings revealed that most of the participants did not intend to return to their homeland and only one participant intended to return after death. This is in contrast to the traditional belief expressed in a Chinese saying - ‘falling leaves return to their roots (luo ye gui gen)’. This indicates that those immigrants have become accustomed to their life in Australia and view Australia as their home country. This point is also reflected in another belief expressed in a Chinese saying - ‘falling leaves rooted in a new land (luo di sheng gen)’. Older Chinese immigrants in this study did not regard themselves as sojourners. Instead, they intended to spend the rest of their lives in their adopted homeland.

Chinese culture also influences older people’s life attitude and philosophy of living. The interview findings showed that in order to maintain a happy and optimistic life, participants moderated their expectations or made downward social comparisons with those who were worse off than themselves to maintain positive well-being. Through this way of thinking, most of older people in this study could feel satisfied with their quality of life more easily. This finding coincides with Tsang et al.’s (2004) suggestion of an association between low
expectations and quality of life. Their study suggested that having lower life expectations is more likely to reduce the negative impact on quality of life in older Chinese immigrants. Three Chinese philosophies can be shown to have impacted on older Chinese immigrants’ views of their quality of life regardless of their identification as having no religion. They often had a positive attitude towards their life, feeling satisfied with life and treasuring what they had. Therefore, in this study the Chinese philosophy of life played an important part in older Chinese immigrants perceptions of their quality of life.

6.2. Implications of the Research for Practice

This research has a number of implications for practice and in particular for those seeking to promote health and well-being in older people. The literature suggests that health promotion practices can assist older people in improving their quality of life and maintaining an independent lifestyle (Nutbeam, 1998; Moodie & Hulme, 2004).

A better understanding of factors related to the quality of life of older immigrants is essential not only for the allocation of health resources but also for the development of health promotion activities. Ferrans (1996) has argued that quality of life should be used to assess the quality of health care and to make decisions regarding the allocation of health care services in terms of human cost and benefits. Some researchers also suggest that quality of life can be regarded as an indicator of service need and intervention outcomes to evaluate quality of health care (Kutner et al., 1992; Raphael et al., 1997). Moreover, quality of life assessment can also identify needs of older people and areas of priority for health promotion (Raphael et al., 1997). This information is essential for policy makers and health and social service providers to create suitable health and social interventions for older people, and thereby possibly reducing the costs of ageing on the individual and to society.

Health promotion is a cost effective way to improve the quality of life among whole populations. The positive relationship between health promotion practices and quality of life has been identified in the literature (Lee et al., 2006; Mo & Winnie, 2010). However, providing appropriate health promotion programs for older immigrants is more complicated than for older Australian born people because of different cultural issues. A number of
research studies have found that health promotion programs for older immigrants, need to consider the population characteristics (Rao et al., 2006; Radermacher, Feldman & Browning, 2009). This means that health professionals need to be aware of how certain strong cultural elements influence the life experiences and the care of consumers. The findings of this study offer a better appreciation of cultural and traditional backgrounds through the insights of older Chinese immigrants’ perspectives. The improved understanding of cultural beliefs provides a basis that will enable health and social care professionals to have insights into the needs of older Chinese people.

The language barrier remains an important issue that lies at the heart of care for older Chinese immigrants. The current study found that due to communication problems, the Chinese community organisations provided older Chinese immigrants essential points of access to various information and resources. This helps older immigrants to understand the local culture and government policies so that they can adapt to life in their new country and have better access to social and health services. In this way, the negative effects of language barriers may be reduced, thereby enhancing the quality of life of individuals. As a result, the involvement of ethnic community organisations has important implications for the promotion of quality of life and health.

The current study also has implications for the promotion of active ageing for older people. The concept of active ageing emphasises the importance of health and ongoing participation in the individual’s ability to maintain quality of life and well-being throughout life. WHO (2002) has suggested that quality of life is mainly decided by the ability of individuals to maintain autonomy and independence as they age. This point was confirmed in the interview findings in this study in which participants regarded autonomy and independence as the key to retaining quality of life.

The information and insights generated from the present study will allow social and health service providers to further explore how they can be more effective in the delivery of services to older immigrants. Given there are no other studies on the levels of quality of life of older Chinese immigrants in the ACT, the findings also provide initial data for researchers conducting quality of life studies with older people in the ACT.
6.3 Directions for Future Study

A number of areas of potential further study with older Chinese immigrants arose in the context of the research. This study found that some interview participants intend to live in residential aged care when they became unable to live independently. The transition to residential care for older people can result in threats to the person’s self, autonomy and relationships, and then influence their personal life (Tester, Hubbard, Downs, MacDonald & Murphy, 2004). Prior research has suggested that this group of people may have different requirements or views about what is important for a good quality of life (Leung et al., 2004, Tsang et al., 2004). Consequently, it is important to involve older Chinese people living in a residential aged care in the further research.

In addition, isolation and feelings of loneliness have been considered as a negative factor influencing quality of life in older people (Victor, Scambler, Bond & Bowling, 2000). The literature suggests that older people from culturally and linguistically diverse backgrounds as a vulnerable group at risk of social isolation (Findlay & Cartwright, 2002; Rao et al., 2006). Therefore, understanding the extent of isolation among older immigrants is important because this can offer the potential to develop interventions which may improve the quality of life of older immigrants. For future research, there is a need to include socially isolated older persons.

The current research study only focused on the exploration of quality of life among older Chinese immigrants who had lived in the ACT for more than one year. The current findings therefore may not represent the levels of quality of life in newly arrived immigrants. Quality of life is a dynamic concept, reflecting values as people change to a new life in a different social and cultural context. Immigration is a stressful process. Immigrants must face the challenges of acculturation and adapting to the new country’s society and culture. In the case of newly arrived immigrants, their perspectives on their quality of life may differ from those of older immigrants. Further investigation into quality of life for new immigrants in the ACT would add to a greater understanding of how quality of life is effected by immigration.
6.4 Chapter Conclusion

The value of this study lies in the evidence it has added to the body of knowledge concerning quality of life for older Chinese immigrants in the ACT. The study identified the key demographic variables that affected an individual’s quality of life and examined the impact of traditional Chinese cultural beliefs on personal life, showing the conceptual link between cultural values and quality of life.

The current study revealed that older Chinese immigrants generally had a good quality of life in the ACT and presented a positive picture of their quality of life. However, one question may arise as to why older Chinese immigrants in this study did not express negative aspects of their lives. For older Chinese immigrants, the problems experienced by them may be justified by their own embedded Chinese cultural beliefs. Lam (1994) argued that older Chinese immigrants often display the culture-specific coping strategy of not complaining regarding their personal life, health or unhappy things. Such strategy is reinforced by cultural beliefs such as retribution and maintaining family honor (Lam, 1994). Moreover, adopting an accepting attitude makes older Chinese immigrants able to feel at ease with their current situation. Consequently, traditional Chinese cultural beliefs play an important role in mitigating any dissatisfaction that older Chinese immigrants may have encountered, thereby improving their quality of life in a new country.

Returning to the metaphor used in the start of the thesis, that a good quality of life is like a Chinese landscape painting, this study showed how one group of older Chinese immigrants portrayed their quality of life. This study identified a range of factors that were considered important by older Chinese immigrants in their paintings of quality of life. This included 1) having good health and being independent; 2) having a positive attitude towards life; 3) having good relationships with family and friends; 4) having the ability to communicate with other people; 5) having a well-established social welfare system; and 6) participating in social and community activities. This does show us more of the balance and beauty possible when Chinese immigrants adapt to Australian life.
References


Orb, A. (2002). *Health care needs of elderly migrants from culturally and linguistically diverse (CALD) backgrounds-A review of the literature*. Freemasons Centre for Research into Aged Care Services, Curtin University of Technology.


The World Health Organization
Quality of Life Instruments

The WHOQOL-Older Adult Module
Quality of Life Instrument Specific for Older Adults

March 2010

Date: DD/ MM/ YY
No.:
Instructions

This questionnaire asks for your thoughts and feelings about certain aspects of your quality of life and addresses issues that may be important to you as an older member of society.

Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks.

For example, thinking about the last two weeks, a question might ask:

**How much do you worry about what the future might hold?**

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You should circle the number that best fits how much you have worried about the future over the last two weeks. So you would circle the number 4 if you worried about your future “Very much”, or circle number 1 if you have worried “Not at all” about your future. Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.
The WHOQOL – Older Adult Module

The following questions ask about **how much** you have experienced certain things in the last two weeks; for example, freedom of choice and feelings of control in your life. If you have experienced these things an extreme amount circle the number next to “An extreme amount”. If you have not experienced these things at all, circle the number next to “Not at all”. You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between “Not at all” and “Extremely”. **Questions refer to the last two weeks.**

1. To what extent do impairments to your senses (e.g. hearing, vision, taste, smell, touch) affect your daily life?

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2. To what extent does loss of, for example, hearing, vision, taste, smell or touch affect your ability to participate in activities?

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3. How much freedom do you have to make your own decisions?

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4. To what extent do you feel in control of your future?

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5. How much do you feel that the people around you are respectful of your freedom?

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6. How concerned are you about the way in which you will die?

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7. How much are you afraid of not being able to control your death?

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### The WHOQOL – Older Adult Module

8. How scared are you of dying?

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9. How much do you fear being in pain before you die?

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The following questions ask about how completely you experience or were able to do certain things in the last two weeks, for example getting out as much as you would like to. If you have been able to do these things completely, circle the number next to “Completely”. If you have not been able to do these things at all, circle the number next to “Not at all”. You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between “Not at all” and “Completely”. Questions refer to the last two weeks.

10. To what extent do problems with your sensory functioning (e.g. hearing, vision, taste, smell, touch) affect your ability to interact with others?

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11. To what extent are you able to do the things you’d like to do?

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<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

12. To what extent are you satisfied with your opportunities to continue achieving in life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

13. How much do you feel that you have received the recognition you deserve in life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

14. To what extent do you feel that you have enough to do each day?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
The WHOQOL – Older Adult Module

The following questions ask you to say how **satisfied, happy or good** you have felt about various aspects of your life over the last two weeks. For example, about your participation in community life or your achievements in life. Decide how satisfied or dissatisfied you are with each aspect of your life and circle the number that best fits how you feel about this. Questions refer to the last two weeks.

15. How satisfied are you with what you have achieved in life?

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

16. How satisfied are you with the way you use your time?

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

17. How satisfied are you with your level of activity?

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

18. How satisfied are you with your opportunity to participate in community activities?

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

19. How happy are you with the things you are able to look forward to?

<table>
<thead>
<tr>
<th>Very unhappy</th>
<th>Unhappy</th>
<th>Neither happy nor unhappy</th>
<th>Happy</th>
<th>Very happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

20. How would you rate your sensory functioning (e.g. hearing, vision, taste, smell, touch)?

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Neither poor nor good</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions refer to any **intimate relationships** that you may have. Please consider these questions with reference to a close partner or other close person with whom you can share intimacy more than with any other person in your life.
## The WHOQOL – Older Adult Module

21. To what extent do you feel a sense of companionship in your life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>A moderate amount</th>
<th>Very much</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

22. To what extent do you experience love in your life?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>A moderate amount</th>
<th>Very much</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

23. To what extent do you have opportunities to love?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

24. To what extent do you have opportunities to be loved?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
The WHOQOL – Older Adult Module

Social Demographic characteristics

About You

Please tick the box or put your answer in the space provided which suit you.

1. Are you □ 1 Male □ 2 Female

2. What is your marital status? □ 1 Married □ 2 Divorced
   □ 3 Living As Married □ 4 Widowed
   □ 5 Separated □ 6 Single

3. What year were you born? ______________

4. What was your nationality at birth? _______________

5. Years in Australia. □ 0-5 □ 16-20
   □ 6-10 □ 20+
   □ 11-15

6. What is your highest level of education? □ 1 No Schooling □ 2 Primary School
   □ 3 Junior High School □ 4 Senior High School
   □ 5 University or College □ 6 Other ______________

7. Do you work □ 1 Full time □ 2 Part time
   □ 3 Employed Casual Basis □ 4 Retired

8. Source of income □ 1 Age pension (from Centrelink) □ 2 Salary
   □ 3 Own funds/ superannuation □ 4 No income

9. What is your religion? □ 1 Catholic □ 2 Christian
   □ 3 Buddhism □ 4 Taoism
   □ 5 Muslim □ 6 No religion
   □ 7 Other ______________

Thank you for your help
附录A.

The World Health Organization
Quality of Life Instruments

世界卫生组织生存质量测定量表
-老年模块

3月, 2010

日期 (Date): DD/ MM/ YY
编号 (NO.):
世界卫生组织生存质量测定表

世界卫生组织生存质量测定表填表说明：

这份问卷问的是您对于生存质量某些方面的想法和感受，并涉及一些作为老年的社会成员来讲可能比较重要的问题。

请回答所有的问题，如果您不能确定选择那个答案，请选择看起来最合适的那个答案。这通常是您一开始想到的那个答案。

请记住您的标准、希望、喜欢和关心的事情，我们询问的是过去两周内您对您的生活的想法。

例如，想想过去两周，我们会问：

您担心将来会是什么样子吗？

<table>
<thead>
<tr>
<th>根本不担心</th>
<th>很少担心</th>
<th>担心(一般)</th>
<th>很担心</th>
<th>极担心</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

你应该圈出符合您在过去两周内担心程度的那一个答案。如果您“很担心”您的未来，就应该将数字4圈起来，如果您“根本不担心”您的未来，就应该将数字1圈起来。请阅读每个问题，根据您的感受，在每个问题下所列的答案里选择最适合您的一个答案。

谢谢您的帮助！
下列问题**涉及**过去两周内您经历某些事情的程度**。例如，作选择的自由和对生活的控制。如果您在极大程度上经历了这些事情，请将数字“5”圈起来；如果您根本没有经历过这些事情，请将数字“1”圈起来。如果您的答案处于“极大程度”和“根本没有”之间，请将其中相应的数字圈起来。问题指的是过去两周。

1. 您的感觉功能的退化影响您日常生活吗（如听觉、视觉、味觉、嗅觉、触觉）？

<table>
<thead>
<tr>
<th>根本没影响</th>
<th>很少影响</th>
<th>影响（一般）</th>
<th>比较影响</th>
<th>极影响</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

2. 您的感觉功能（如听觉、视觉、味觉、嗅觉或触觉）的退化影响您参与活动的能力吗？

<table>
<thead>
<tr>
<th>根本没影响</th>
<th>很少影响</th>
<th>影响（一般）</th>
<th>比较影响</th>
<th>极影响</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. 您有自己作决定的自由吗？

<table>
<thead>
<tr>
<th>根本没有</th>
<th>很少有</th>
<th>有（一般）</th>
<th>比较多</th>
<th>极多</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. 您觉得自己能控制将来的生活吗？

<table>
<thead>
<tr>
<th>根本不能控制</th>
<th>很少能控制</th>
<th>能控制（一般）</th>
<th>多数能控制</th>
<th>完全能控制</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. 您觉得周围的人尊重您的自由吗？

<table>
<thead>
<tr>
<th>根本不尊重</th>
<th>很少尊重</th>
<th>尊重（一般）</th>
<th>比较尊重</th>
<th>极尊重</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

6. 您在乎自己以何种方式去世吗？

<table>
<thead>
<tr>
<th>根本不在乎</th>
<th>很少在乎</th>
<th>在乎（一般）</th>
<th>比较在乎</th>
<th>极在乎</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. 您担心不能控制自己的死亡吗？

<table>
<thead>
<tr>
<th>根本不担心</th>
<th>很少担心</th>
<th>担心（一般）</th>
<th>很担心</th>
<th>极担心</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. 您害怕死亡吗？

<table>
<thead>
<tr>
<th>根本不害怕</th>
<th>很少害怕</th>
<th>害怕（一般）</th>
<th>比较害怕</th>
<th>极害怕</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
世界卫生组织生存质量测定量表

9. 您害怕临死之前遭受痛苦吗？

<table>
<thead>
<tr>
<th>根本不害怕</th>
<th>很少害怕</th>
<th>害怕(一般)</th>
<th>比较害怕</th>
<th>极害怕</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

下列问题问您在过去两周内是否经历过某些事，是否能够做某些事情。例如：想外出就外出。
如果您能够完全做到这些事情，请将数字“5”圈起来；如果您根本不能做到，请将数字“1”
圈起来；如果您的答案处于“完全”和“根本不能”之间，请将其中相应的数字圈起来。

10. 您的感觉功能（如：听力、视力、味觉、嗅觉、触觉等）的问题影响您和他人交往的能力
     吗？

<table>
<thead>
<tr>
<th>根本没影响</th>
<th>很少影响</th>
<th>影响(一般)</th>
<th>比较影响</th>
<th>极影响</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. 您能做自己想做的事情吗？

<table>
<thead>
<tr>
<th>根本不能</th>
<th>很少能</th>
<th>能(一般)</th>
<th>比较能</th>
<th>极能</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

12. 您对于自己继续取得成功的机会满意吗？

<table>
<thead>
<tr>
<th>很不满意</th>
<th>不满意</th>
<th>既非满意也非不满意</th>
<th>比较满意</th>
<th>极满意</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

13. 您觉得自己得到了应得的认可了吗？

<table>
<thead>
<tr>
<th>根本没有</th>
<th>很少有</th>
<th>有(一般)</th>
<th>多数有</th>
<th>完全有</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

14. 您每天都有足够的事情做吗？

<table>
<thead>
<tr>
<th>根本没有</th>
<th>很少有</th>
<th>有(一般)</th>
<th>多数有</th>
<th>完全有</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

下列问题问的是在过去两个周内，对于您生活中的不同方面您在多大程度上感到满意，高兴或
者好。例如：关于您参与社区生活的情况，或者关于您生活中取得的成就。请根据您对于生
活中的各个方面满意或不满意的程度，圈出最合适您的感受的数字。

15. 您对于自己生命中已有的成就满意吗？

<table>
<thead>
<tr>
<th>很不满意</th>
<th>不满意</th>
<th>既非满意也非不满意</th>
<th>比较满意</th>
<th>极满意</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
16. 您对自己支配时间的方式满意吗?

<table>
<thead>
<tr>
<th>很不满意</th>
<th>不满意</th>
<th>既非满意也非不满意</th>
<th>比较满意</th>
<th>极满意</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

17. 您对于自己的活动程度满意吗?

<table>
<thead>
<tr>
<th>很不满意</th>
<th>不满意</th>
<th>既非满意也非不满意</th>
<th>比较满意</th>
<th>极满意</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

18. 您对於自己参加社区活动的机会满意吗?

<table>
<thead>
<tr>
<th>很不满意</th>
<th>不满意</th>
<th>既非满意也非不满意</th>
<th>比较满意</th>
<th>极满意</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

19. 您对于自己能够期望的事情高兴吗?

<table>
<thead>
<tr>
<th>很不高兴</th>
<th>不高兴</th>
<th>既非高兴也非不高兴</th>
<th>高兴</th>
<th>很高兴</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

20. 您如何评价您的感觉功能（如听觉、视觉、味觉、嗅觉、触觉）?

<table>
<thead>
<tr>
<th>很差</th>
<th>差</th>
<th>不好也不差</th>
<th>好</th>
<th>很好</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

下面的问题关心您可能有的与他人的亲密关系。请根据您与自己亲密伴侣或朋友的关系回答下面的问题。所谓亲密伴侣或朋友是指您能够与之分享不能与他人分享个人情感的人。

21. 在生活中您有得到伴侣的感受吗?

<table>
<thead>
<tr>
<th>根本没有</th>
<th>很少有</th>
<th>有(一般)</th>
<th>多数有</th>
<th>完全有</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

22. 在生活中您经历过爱情吗?

<table>
<thead>
<tr>
<th>根本没有</th>
<th>很少有</th>
<th>有(一般)</th>
<th>多数有</th>
<th>完全有</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
世界卫生组织生存质量测定表

23. 在您的生活中，您有机会去爱别人吗？

<table>
<thead>
<tr>
<th>根本没有</th>
<th>很少有</th>
<th>有(一般)</th>
<th>多数有</th>
<th>完全有</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

24. 在您的生活中，您有机会被别人爱吗？

<table>
<thead>
<tr>
<th>根本没有</th>
<th>很少有</th>
<th>有(一般)</th>
<th>多数有</th>
<th>完全有</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
关于您的状况

请在方格中打勾或在下述空白的地方写下适合的答案。

1. 您是
   □ 1.男性    □ 2.女性

2. 您的婚姻状况
   □ 1 已婚    □ 2 离婚
   □ 3 同居    □ 4 丧偶
   □ 5 分居    □ 6 单身

3. 您在那一年出生？ ____________

4. 你出生地的国籍为何？ ____________

5. 您住在澳洲有多久？
   □ 1-5 年    □ 6-10 年
   □ 11-15 年  □ 16-20 年
   □ 20 年以上

6. 请问您的最高学历？
   □ 1 未受教育    □ 2 小学
   □ 3 中学毕业    □ 4 高中毕业
   □ 5 专科或大学  □ 6 其他 ____________

7. 您目前工作
   □ 1 全职    □ 2 部份工时
   □ 3 临时工  □ 4 退休

8. 收入来源
   □ 1 养老金 (来自中央联署)    □ 2 工作薪资
   □ 3 自己的基金或退休金      □ 4 没有收入

9. 请问您的宗教信仰
   □ 1 天主教    □ 2 基督教
   □ 3 佛教      □ 4 道教
   □ 5 回教      □ 6 没有宗教信仰
   □ 7 其他 (请说明) ____________

谢谢您的帮助！
Appendix B.

Interview Schedule

Pre-interview procedure

Replace the batteries in the digital recorder and test it.
Disconnect the phone.
Review the information sheet with the informant and answer any questions he or she may have about it.
Explain to the informant that this interview is conducted one-on-one and will be recorded.
Collect consent form from the informant and check it has been signed.
Press the record button on the digital recorder.

Introductory comments

The purpose of this interview is to explore your views about quality of life and what factors affect it. I will record the interviews, transcribe them, and then analyse them, looking for common themes that emerge.

Engage the informant with general polite question to relax him or her.
Q: How have you been today?

Demographics

I would like to start by gathering a few demographic details.

1: Note the informant’s gender.
2: What is your marital status?
3: Who do you live with?
4: What year were you born?
5: What was your nationality at birth?
7: How long have you been living in Australia?
8: What is the highest level of education that you completed (No schooling? primary school? Junior School? Senior School? University or College?)
9: Do you work full time, part time? Or are you retired?
10: What is your source of income?

11: Do you have a religion? If yes, what is your religion?

Interview questions

I would like to know your views on the quality of life.

1. How do you feel about your life in Australia?

2. Can you talk about the things that you believe are needed to lead a 'good' quality of life? You may mention as many things as you like. (Question about perception of belief)

3. Can you talk about the things that you believe reduce quality of life? You may mention as many things as you like.

4. Can you tell me about the things that influence quality of life for you?

5. Thinking about all the things just mentioned that give you good or poor quality of life, how satisfied are you with your quality of life? What makes your quality of life satisfying? What contributes to your dissatisfaction?

6. What would improve your quality of life?

7. What do you do to cope with ageing in your life?

8. How do you think that traditional Chinese cultural beliefs, such as filial piety and the thoughts about birth and death, impact your quality of life?

Is there anything you would like to discuss or comment on?

Closing comments

We have discussed all of the questions that I want to cover. Thank you for your time and for the information you have provided. Is there anything that you would like to ask me about the study? Would you like a copy of the interview transcript to check? If yes, note on consent form.

Post-interview procedure

Make sure all materials are labeled with the archival number.
Appendix C.

Falling leaves: an exploration of the perceptions of quality of life among older ACT Chinese immigrants

An Invitation to Participate in Survey and Interview

Dear Canberra resident,

You are invited to participate in a research project being conducted by Christine Wu, a Masters of Community and Health Development student at the University of Canberra. We are interested in gathering information from Chinese immigrants aged 55 years and over who have lived in the ACT for at least one year. The information you provide in this study will help health and social service providers and government agencies identify the ways in which cultural values contribute to an experience of ageing and how these values affect older immigrants’ attitudes and the views on their quality of life.

This study has two parts - a survey that will be distributed to 100 ACT Chinese residents, and an interview that will be conducted with 10 of these people. You are invited to participate in the survey and can volunteer for a face-to-face interview as well.

What is the Research About?
The purpose of this project is to investigate key factors associated with the quality of life of older Chinese immigrants. The research focuses on understanding the relationship between key influences, cultural circumstances and quality of life in older Chinese people in the ACT. However, issues on the exploration of quality of life among older Chinese immigrants in the ACT have been relatively little studied and are not well understood. There is therefore a need to conduct research on this important topic. The results of the study will contribute to the promotion of healthy ageing in relation to the policy and practices in migrant aged care services.

Why participate in this research?
By participating in this research, the information you provide to this study will help policy makers and health care professionals to understand key factors that affect quality of life of older Chinese people, and thus to foster suitable strategies for promoting quality of life and healthy ageing in this population.

Participation is Voluntary and Confidential
Your participation in this study is completely voluntary. You may withdraw from the study at any time without providing reasons or comments. You do not have to answer any question you do not want to answer in either the survey or interview. Your responses will be strictly confidential and no one will be able to identify you from your participating in this project.

How to participate?
The leader of your group [insert name] will give you a copy of the questionnaire, information sheet and a consent form to sign. Please fill this in within two weeks and return it in the sealed envelope. If you are happy to be interviewed as well, please give your contact details on the consent form. Your views are very important to us. We hope you will participate in this study, and we thank you for your time.

Yours sincerely,

Christine Wu
Research student,
Faculty of Education, University of Canberra
附錄 C.

坎培拉地區移民華人長者生活品質
問卷和訪談邀請信函

親愛的坎培拉居民，您好：
我是坎培拉大學社區與衛生發展學系碩士班的研究生-吳柏慧（Christine Wu）。本人誠摯邀請您參與我所執行的研究案。本研究案資料收集的對象是年滿55歲以上的華人並於坎培拉地區居住至少一年以上者。您提供給本研究案的資料將會有助於社會和衛生服務人員以及政府相關部門去辨識何種文化價值觀影響老化的觀感，以及這些價值觀如何去影響移民華人長者的生活態度和對生活品質的想法。

本研究案分成兩個部份。問卷調查將會分送至一百位坎培拉華人居民，當中會邀請10位的居民參加我們的訪談活動。我在此邀請您參加問卷調查和面對面的訪談活動。整個訪談過程將會被數位錄音以供抄錄之用。

研究案的目的
本研究案的目的是要調查華人移民長者的生活品質及其相關的重要因素。本研究著重於瞭解坎培拉地區華人移民長者的生活品質、影響因素和文化環境之間的相互關係。至今，探討坎培拉地區對移民華人長者生活品質議題的研究相當稀少且無良好的瞭解，因此有其必要性去執行這項研究。本研究案的成果將會有助於華人移民長者相關服務機構去提昇其健康老化的政策和執行。

為什麼要參加研究案？
經由您的參與，您所提供的資訊將有助於相關決策者和醫療照護專業人士去瞭解影響華人移民長者生活品質之相關重要因素，進而建立提昇華人移民長者族群的生活品質及健康老化的策略。

自願性參與而且匿名
參與本研究是自願性的。您可以隨時退出本研究活動而且不需任何理由或評論。您不需要回答問卷或訪談中任何您不想要回答的問題。您所提供的資訊會被嚴格保密而且沒有任何人能夠在本研究案中辨別出您的身份。

如何參加？
您所屬團體的負責人 [ ]會給您一份問卷、研究資訊及簽名同意書。請將完成的問卷和同意書放入信封內並於兩週內交回。如果您樂意參加我們的訪談活動，請在同意書中留下您的聯絡資料。您的意見對我們非常重要。我希望您能參與我的研究並感謝您所花費的時間。

敬祝
安康

坎培拉大學 學生
吳柏慧 謹啟

二零壹零年三月
附录 C.

堪培拉地区移民华人长者生存质量
问卷和访谈邀请信函

亲爱的堪培拉居民，您好：

我是堪培拉大学社区与卫生发展学系硕士班的研究生-吴柏慧（Christine Wu）。本人诚挚
邀请您参与我所执行的研究案。本研究案数据收集的对象是年满55岁及以上的华人并于堪
培拉地区居住至少一年以上者。您提供给本研究案的资料将有助于社会和卫生服务人员
以及政府相关部门去辨识何种文化价值观影响老化的观念，以及这些价值观如何去影响移
民华人长者的生活态度和对生存质量的想法。

本研究案分成两个部份。问卷调查将会分送至一百位堪培拉华人居民，当中会邀请 10 位
的居民参加我们的访谈活动。我在此邀请您参加问卷调查和面对面的访谈活动。整个访
t谈过程将会被数字录音以供抄录之用。

研究案的目的
本研究案的目的是要调查华人移民长者的生存质量和其相关的重要因素。本研究着重于了
解堪培拉地区华人移民长者的生存质量、影响因素和文化环境之间的相互关系。至今，探
讨堪培拉地区对移民华人长者生存质量议题的研究相当稀少且无良好的了解，因此有必要
性去执行这项研究。本研究案的成果将会有助于华人移民长者相关服务机构去提升其健
康老化的政策和执行。

为什么要参加研究案？
由您的参与，您所提供的信息将有助于相关决策者和医疗照护专业人士去了解影响华人
移民长者生存质量之重要因素，进而建立提升华人移民长者族群的生存质量及健康老
化的策略。

自愿性参与和匿名
参与本研究是自愿性的。您可以随时退出本研究活动而且不需任何理由或评论。您不需回
答问卷或访谈中任何您不想要回答的问题。您所提供的信息会被严格保密而且没有任何
人能够在本研究案中辨出您的身份。

如何参加？
您所属团体的负责人 [ ]会给您一份问卷、研究信息及签名同意书。
请将完成的问卷和同意书放入信封内并于两周内交回。如果您乐意参加我们的访谈活动，
请在同意书中留下您的联系资料。您的意见对我们非常重要。我希望您能参与我的研究并
感谢您所花费的时间。

敬祝
安康

堪培拉大学 学生
吴柏慧 谨启

二零壹零年三月
What is the research about?

You have been invited to participate in a quality of life survey that is being undertaken by Christine Wu, a Masters of Community and Health Development student at the University of Canberra. The aim of this study is to gain a better understanding of factors associated with the quality of life of older Chinese immigrants. The results of the study will help health and social service providers and government agencies identify the ways in which cultural values contribute to an experience of ageing and how these values affect older immigrants’ attitudes and the views on their quality of life. Through this survey, we are hoping to learn more about the quality of life in older Chinese immigrants and the aspects of life that are important to this group.

This study has two parts - a survey that will be distributed to 100 ACT older Chinese residents, and an interview to be conducted with 10 of these people. You are invited to participate in the survey and if you are interested in the interview, there will be a form to fill out with the survey.

Survey

Chinese immigrants aged 55 years and over who have lived in the ACT for at least one year are being invited to participate in this survey. If you agree to be involved, you will be asked to complete the enclosed questionnaire. This questionnaire asks about your feelings and thoughts on various aspects of your life. The questionnaire should take approximately 20 minutes to complete. After you complete the questionnaire, you will be asked to return it anonymously in the envelope to the group manager in the following two weeks.

Confidentiality

Your survey responses will be strictly confidential and no one will be able to identify you from your responses. Each survey form has a code number so you only need to provide your name and contact number if you wish to participate in an interview or would like a copy of the summary of the results of the study. Your name and contact information will be separated from your survey form before analysis and will not be shared with anyone outside the research project. The researcher will only use your name and address (if provided by you) to contact you for an interview and/or send you a summary of the findings, if you indicate you are willing. All information you provide will be kept in the strictest confidence in a locked filing cabinet accessible only to the researcher at the University of Canberra for five years. After that the data will be destroyed.

Consent

Participation in this study is entirely voluntary. You may withdraw from the study at any time without providing reasons or comments. You are under no obligation to answer any question you do not wish to answer. Prior to your survey, you will be asked to complete the attached consent form, which also gives you an opportunity to request a summary of the results of the study.

The research has been approved by the University of Canberra Committee for Ethics in Human Research. If you have any concerns about the research or the ethical conduct of this research, please contact the following people:
Research supervisors
Associate Professor Katja Mikhailovich, Faculty of Education, University of Canberra, phone: 02 6201 2446
Email: katja.Mikhailovich@canberra.edu.au

Associate Professor Barbara Pamphilon, Faculty of Education, University of Canberra, phone: 02 6201 2323,
Email: barbara.Pamphilon@canberra.edu.au

Human Ethics Enquiries
Research Office, Phone: 02 6201 5870, Email: HumanEthicsCommittee@canberra.edu.au

Researcher
Christine Wu, Faculty of Education, University of Canberra, phone: 0431 578 338,
Email: 3010644@uni.canberra.edu.au
附錄 D.

坎培拉地區移民華人長者生活品質
問卷活動資訊

誠摯邀請您參與由坎培拉大學社區與衛生發展學系碩士班研究生-吳柏慧
（Christine Wu）所執行的研究案。研究案的目的是要調查華人移民長者的生活品質及其相關的
重要因素。本研究案的成果將會有助於社會和衛生服務人員以及政府相關部門去辨識何種文化
價值觀影響老化的觀感，以及這些價值觀如何去影響移民長者的生活態度和對生活品質的想法。
藉由此問卷調查，我們期望獲得更多有關移民長者對於生活品質和生活觀點的知識。

本研究案分成兩個部份。問卷將會分送至一百位坎培拉華人居民，當中會邀請10位的居民參加
我們的訪談活動。在此邀請您參加問卷調查活動，如果你也有興趣參加面對面的訪談活動，請
在問卷同意書中註明。

年滿55歲及以上的華人並於坎培拉地區居住至少一年者是本研究案資料收集的對象。如果您同
意參加，您必需完成此問卷。本問卷是詢問有關您對生活上種種的感受及想法。問卷大約需要
花您20分鐘時間去完成填寫。本問卷是無記名的，在您完成填寫之後，請將問卷放入信封內
並於兩週內交回給您的團體的負責人。

您所提供的資訊將被嚴格保密而且沒有任何人能夠在本研究案中辨別出您的身份。每份問卷都
有一個號碼，您只需要提供您的名字和電話以供聯繫參加訪談或寄送研究結果摘要使用。做問
卷分析之前，您的名字和聯絡資料將會與問卷分開，而且僅供本研究之用。如果您同意的話，
研究人員僅會用你的名字和住址（如果您有提供）去聯絡您做訪談和/或送您研究摘要。所有
您提供的資訊將被嚴密地存放在坎培拉大學的文件櫃中五年，之後所有資料將會被銷燬。

參與本研究是自願性的。您可以隨時退出本活動而且不需任何理由或評論。您不需回答問卷中
任何您不想要回答的問題。您所提供的資訊將被嚴格保密而且沒有任何人能夠在本研究案中辨
別出您的身份。做問卷之前，您需完成填寫同意書，這同時也給您獲得研究結果摘要的機會。

坎培拉大學研究倫理委員會已批准本研究案。如果您對本研究內容或執行上有任何問題，請聯
絡下列人員：

Research supervisors
Associate Professor Katja Mikhailovich, Faculty of Education, University of Canberra, phone: 02
6201 2446 Email: katja.Mikhailovich@canberra.edu.au

Associate Professor Barbara Pamphilon, Faculty of Education, University of Canberra, phone: 02
6201 2323, Email: barbara.Pamphilon@canberra.edu.au

Human Ethics Enquiries
Research Office, Phone: 02 6201 5870, Email: HumanEthicsCommittee@canberra.edu.au

Researcher
Christine Wu, Faculty of Education, University of Canberra, phone: 0431 578 338,
Email: u3010644 @ uni.canberra.edu.au
附录 D.

堪培拉地区移民华人长者生存质量
问卷活动信息

诚挚邀请您参与由堪培拉大学社区与卫生发展学系硕士班研究生吴柏慧（Christine Wu）所执行的研究案。研究案的目的是要调查华人移民长者的生活质量和其相关的重要因素。本研究案的成果将有助于社会和卫生服务人员以及政府相关部门去辨识何种文化价值观影响老化的观感，以及这些价值观如何来影响移民长者的生活态度和对生存质量的想法。籍由此问卷调查，我们期望获得更多有关移民长者对于生存质量和生活观点的知识。

本研究案分成两个部份。问卷将会分发至一百位堪培拉华人居民，当中会邀请10位的居民参加我们的访谈活动。在此邀请您参加问卷调查活动，如果你也有兴趣参加面对面的访谈活动，请在问卷同意书中注明。

年满55岁及以上的华人并于堪培拉地区居住至少一年者是本研究案数据收集的对象。如果您同意参加，您必需完成此问卷。本问卷是询问有关您对生活上种种的感受及想法。问卷大约需要花您20分钟时间去完成填写。本问卷是无记名的，在您完成填写之后，请将问卷放入信封内并于两周内交回给您的团体的负责人。

您所提供的信息将被严格保密而且没有任何人能够在本研究案中辨识出您的身份。每份问卷都有一个号码，您只需要提供您的名字和电话以供联系参加访谈或寄送研究结果摘要使用。做问卷分析之前，您的名字和联络数据将会与问卷分开，而且仅供本研究之用。如果您愿意的话，研究人员仅会用你的名字和住址（如果您有提供）去联络您做访谈和/或送您研究摘要。所有您提供的数据将被严密地存放在堪培拉大学的文件柜中五年，之后所有数据将被销毁。

参与本研究是自愿性的。您可以随时退出本活动而且不需任何理由或评论。您不需回答问卷中任何您不想要回答的问题。您所提供的信息将被严格保密而且没有任何人能够在本研究案中辨识出您的身份。做问卷之前，您需完成填写同意书，这同时也给您获得研究结果摘要的机会。

堪培拉大学研究伦理委员会已批准本研究案。如果您对本研究内容或执行上有任何问题，请联系下列人员：

Research supervisors
Associate Professor Katja Mikhailovich, Faculty of Education, University of Canberra, phone: 02 6201 2446 Email: katja.Mikhailovich@canberra.edu.au

Associate Professor Barbara Pamphilon, Faculty of Education, University of Canberra, phone: 02 6201 2323, Email: barbara.Pamphilon@canberra.edu.au

Human Ethics Enquiries
Research Office, Phone: 02 6201 5870, Email: HumanEthicsCommittee@canberra.edu.au

Researcher
Christine Wu, Faculty of Education, University of Canberra, phone: 0431 578 338, Email: u3010644 @ uni.canberra.edu.au
Appendix E.

Falling leaves: an exploration of the perceptions of quality of life among older ACT Chinese immigrants

Participant Information Sheet - INTERVIEW

What is the research about?

You have indicated that you are willing to participate in an interview that is part of a research project that is being undertaken by Christine Wu, a Masters of Community and Health Development student at the University of Canberra. The aim of this study is to gain a better understanding of the factors associated with the quality of life of older Chinese. The outcomes of the study will help health and social service providers and government agencies identify the ways in which cultural values contribute to an experience of ageing and how these values affect older immigrants’ attitudes and the views on their quality of life. Through this interview, we are hoping to learn more about how older Chinese immigrants define their quality of life and what key issues determine or affect their views of quality of life.

This study has two parts - a survey that has been distributed to 100 ACT older Chinese residents and a face-to-face interview to be conducted with 10 of these people.

Interview

The study will interview individuals who are Chinese immigrants aged 55 years and over who have been living in the ACT for at least one year. The date, time and location of your interview are provided below as a reminder.

Date: __________________ Time:_________________
Location:_____________________________

Your interview will take at least forty to fifty minutes to complete. It will be recorded and later transcribed to provide accurate records for analysis.

Confidentiality

Any information that you supply for this study will be treated in a confidential manner. Your identity will not be revealed in any project reports. The transcript of your interview will not contain any identifying information. If you request, I can send a transcript of the interview for you to review and/or amend. All information you provide will be kept in the strictest confidence on a password protected computer and in a locked filing cabinet accessible only to the researcher at the University of Canberra for five years. After that the data will be destroyed.

Consent

Participation in this study is entirely voluntary. You may withdraw from the study at any time without providing reasons or comments. You are under no obligation to answer any question you do not wish to answer. Prior to your interview, you will be asked to complete the attached consent form, which also gives you an opportunity to request a summary of the results of the study.

The research has been approved by the University of Canberra Committee for Ethics in Human Research. If you have any concerns about the research or the ethical conduct of this research, please contact the following people:
Research supervisors
Associate Professor Katja Mikhailovich, Faculty of Education, University of Canberra, phone: 02 6201 2446
Email: katja.Mikhailovich@canberra.edu.au

Associate Professor Barbara Pamphilon, Faculty of Education, University of Canberra, phone: 02 6201 2323,
Email: barbara.Pamphilon@canberra.edu.au

Human Ethics Enquiries
Research Office, Phone: 02 6201 5870, Email: HumanEthicsCommittee@canberra.edu.au

Researcher
Christine Wu, Faculty of Education, University of Canberra, phone: 0431 578 338,
Email: u3010644@uni.canberra.edu.au
附錄 E.

坎培拉地區移民華人長者生活品質
訪談活動資訊

誠摯邀請您參與由坎培拉大學社區與衛生發展學系碩士班研究生-吳柏慧（Christine Wu）所執行的研究案。研究案的目的為調查華人移民長者的生活品質及其相關的重要因素。本研究案的成果將會有助於社會和衛生服務人員以及政府相關部門去認識華人移民長者的生活態度和對生活品質的想法。藉由此次訪談調查，我們期望獲得更多有關移民長者對於生活品質和生活觀點的知識。

本研究案分成兩個部份。訪問調查將會分送至一百位坎培拉華人居民，當中會邀請10位的居民參加我們的訪談活動。

本研究案將訪談年滿55歲及以上的華人並於坎培拉地區居住至少一年者。以下是訪談的日期、時間和地點。

日期________________時間________________地點________________

訪談約需40-50分鐘，訪談內容將會被錄音且之後會抽選出來做分析用。

您所提供的資料將被嚴格保密而且沒有任何人能夠在任何研究報告中辨別出您的身份。您訪談的內容紀錄不會包含您個人資料。如果您要求檢視和/或修正您訪談的內容紀錄，研究人員會將紀錄寄給您。您訪談的內容紀錄所有您所提供的資料將會依規定存放在坎培拉大學的文件櫃中五年，之後所有資料將會被銷毀。

參與本研究是自願性的。您可以隨時退出本研究而不需要任何理由或評論。您不需回答任何您不想要回答的問題。您提供給本研究的資料將被嚴格保密而且沒有任何人能夠在本研究案中辨別出您的身份。做訪談之前，您需完成填寫同意書，這同時也給您獲得研究結果摘要的機會。

坎培拉大學研究倫理委員會已批准本研究案。如果您對本研究內容或執行上有任何問題，請聯絡下列人員：

Research supervisors
Associate Professor Katja Mikhailovich, Faculty of Education, University of Canberra, phone: 02 6201 2446, Email: katja.Mikhailovich@canberra.edu.au

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Human Ethics Enquiries
Research Office, Phone: 02 6201 5870, Email: HumanEthicsCommittee@canberra.edu.au

Researcher
Christine Wu, Faculty of Education, University of Canberra, phone: 0431 578 338, Email: u3010644 @ uni.canberra.edu.au
附录E

堪培拉地区移民华人长者生存质量
访谈活动信息

诚挚邀请您参与由堪培拉大学社区与卫生发展学系硕士班研究生-吴柏慧

（Christine Wu）所执行的研究案。研究案的目的是要调查华人移民长者的生活
质量和其相关的重要因素。本研究案的成果将有助于社会和卫生服务人员以及政府相关
部门去辨识何种文化价值观影响老化的观感，以及这些价值观如何影响华人移民长者的生活
态度和对生存质量的想法。籍由此次问卷调查，我们期望获得更多有关移民长者对于
生存质量和生活观点的知识。

本研究案分成两个部份。问卷调查将会分送至一百位堪培拉华人居民，当中会邀请
10位的居民参加我们的访谈活动。

本研究案将访谈年满55岁及以上的华人并于堪培拉地区居住至少一年者。以下是访谈的日期、时间和地点。

日期_______________时间_______________地点____________________

访谈约需40-50分钟。访谈内容将会被录音且之后会抄录出来做分析用。

您所提供的资料将被严格保密而且没有任何人能够在任何研究报告中辨别出您的身份。您
访谈的文字纪录不会包含您个人数据。如果您要求检视和/或修正您访谈的文字纪录，研究
人员会将纪录寄给您。您访谈的文字纪录所有您所提供的数据将会严密地存放在堪培拉
大学的文件柜中五年，之后所有数据将会被销毁。

参与本研究是自愿性的。您可以随时退出本活动而且不需任何理由或评论。您不需回答任
何您不想要回答的问题。您提供给本研究的数据将被严格保密而且没有任何人能够在本研究
案中辨别出您的身份。做访谈之前，您需完成填写同意书，这同时也给您获得研究结果
摘要的机会。

堪培拉大学研究伦理委员会已批准本研究案。如果您对本研究内容或执行上有任何问题，
请联系下列人员：

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Associate Professor Barbara Pamphilon, Faculty of Education, University of Canberra, phone: 02 6201 2323, Email: barbara.Pamphilon@canberra.edu.au

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Research Office, Phone: 02 6201 5870, Email: HumanEthicsCommittee@canberra.edu.au

Researcher
Christine Wu, Faculty of Education, University of Canberra, phone: 0431 578 338, Email: u3010644 @ uni.canberra.edu.au
Appendix F.

Falling leaves: an exploration of the perceptions of quality of life among older ACT Chinese immigrants

Survey Consent Form

Researcher: Christine Wu, Faculty of Education, University of Canberra.

I understand that this survey is being conducted for a study on ‘Falling leaves: an exploration of the perspectives of quality of life among older ACT Chinese immigrants.’ The aim of this study is to gain a better understanding of the key factors associated with the quality of life of older Chinese immigrants. Chinese immigrants aged 55 years and over who have lived in the ACT for at least one year are being invited to participate in this survey.

Any questions I have asked about the study have been answered to my satisfaction. I have been assured that this survey is anonymous and no information will be released or printed that would disclose my personal identity. Any risks or benefits that might arise out of my participation have also been explained to my satisfaction.

I understand that my participation is completely voluntary. I am aware that I do not have to answer any questions that I do not feel comfortable answering. I further understand that I can withdraw from the study at any time without any reason and comments.

If I have further questions or concerns about completing the questionnaire, I understand that I can contact Christine Wu at 0431 578 338 or Email: u3010644@uni.canberra.edu.au

I hereby consent to participate in this survey.

Name: ____________________________________________

Signature:_______________________ Date:____________________

A summary of the research report can be forwarded to you when published. If you would like to receive a copy of the report, please include your mailing address below.

Name: __________________________ Email: _______________________

Postal address: _____________________________________________

I am happy to be contacted for an interview.  YES ☐  NO ☐ (please indicate your response by ticking (☑) the box.)

If your answer is yes, please give your contact details below.

Name: __________________________ Phone: ______________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
附錄 F.

坎培拉地區移民華人長者生活品質
問卷調查同意書

研究人員：Christine Wu, Faculty of Education, University of Canberra.

我瞭解此問卷調查是為研究案“坎培拉地區移民華人長者生活品質”所執行。研究案的目的是要更深入地去瞭解移民長者的生活品質及其相關的重要因素。資料收集的對象是年滿55歲及以上的華人並於坎培拉地區居住至少一年者。

對於我所詢問與本研究案的相關問題都有獲得滿意的答覆。對於我個人的相關資料以及對問卷調查所做的回應將被確保完全保密。任何因為我的參與而產生的風險或效益都有獲得滿意的解釋。

我瞭解我的參與是基於自願性的。我知道我可以選擇問題給予答案或隨時停止做問卷。我也知道我可以隨時可以在參與研究案的過程中隨時退出並且不需要提出任何解釋或評論。

對於本問卷調查有其他相關的問題，我知道我可以聯絡 Christine Wu。
電話：0431 578 338。電子郵件： u3010644 @ uni.canberra.edu.au
我同意參加問卷調查。

姓名 _____________________

日期 _____________________

-------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------

當研究發表時可將研究摘要寄給您。如果您想要收到這份摘要，請在下列填寫您的郵件住址。

電子郵件 _____________________

郵遞地址: _____________________

-------------------------------------------------------------------------------------------

我願意接受訪談。是□ 否□（請在方格中打勾）
如果你回答是肯定（是□），請在下面留下你的聯絡資料。

姓名 _____________________ 電話 _____________________
附录 F.  堪培拉地区移民华人长者生存质量
问卷调查同意书

研究人员：Christine Wu, Faculty of Education, University of Canberra.

我了解此问卷调查是为研究案“堪培拉地区移民华人长者生存质量”所执行。研究案的目的是要更深入地去了解移民长者的生存质量和其相关的重要因素。数据收集的对象是年满55岁及以上的华人并于堪培拉地区居住至少一年者。

对于我所询问与本研究案的相关问题都有获得满意的答复。对于我个人的相关数据以及对问卷调查所做的响应将被确保完全保密。任何因为我的参与而可能产生的风险或效益都有获得满意的解释。

我了解我的参与是基于自愿性的。我知道我可以选择问题给予答案或随时停止做问卷。我也知道我随时可以在参与研究案的过程中随时退出并且不需要提出任何解释或评论。

对于本问卷调查有其它相关的问题，我知道我可以联系 Christine Wu。电话：0431 578 338。电子邮件：u3010644 @ uni.canberra.edu.au

我同意参加问卷调查。

姓名 __________________________

日期 __________________________

-----------------------------------------------------------------------------------

当研究发表时可将研究摘要寄给您。如果您想要收到这份摘要，请在下列填写您的邮件住址。

电子邮件 __________________________

邮递住址： __________________________

-----------------------------------------------------------------------------------

我愿意接受访谈。 是□ 否□ （请在方格中打勾）

如果您的回答是肯定（是□），请在下面留下您的联系资料。

姓名 __________________________ 电话 __________________________
Appendix G.

Falling leaves: an exploration of the perspectives of quality of life among older ACT Chinese immigrants

Interview Consent Form

Researcher: Christine Wu, Faculty of Education, University of Canberra.

I understand that this interview is being conducted for a study on ‘Falling leaves: an exploration of the perspectives of quality of life among older ACT Chinese immigrants.’ The aim of this study is to gain a better understanding of the key factors associated with the quality of life of older Chinese immigrants. Chinese immigrants aged 55 years and over who have lived in the ACT for at least one year are being invited to participate in this interview.

Any questions I have asked about the study have been answered to my satisfaction. I have been assured that no information will be released or printed that would disclose my personal identity and that my responses will be completely anonymous. Any risks or benefits that might arise out of my participation have also been explained to my satisfaction.

I understand that I will participate in an interview that will take at least forty to fifty minutes. I understand that with my permission, the interview will be recorded and later transcribed. I am aware that the answers I provide the researcher with will not be linked to my name. I understand the transcripts will not have my name or any other identifying information on them. A research code number will be used instead. All data will be kept on a secure computer that will be password protected.

I understand that my participation is completely voluntary. I am aware that I do not have to answer any questions that I do not wish to answer, and that I can stop the interview at any time. I further understand that I can withdraw from the study at any time without any reason and comments.

If I have further questions or concerns about the interview, I understand that I can contact Christine Wu at 0431 578 338 or Email: u3010644@uni.canberra.edu.au

I hereby consent to participate in this interview.

Name: ____________________________________________________

Signature:_______________________  Date: _____________________

I would like to check my transcript. YES ☐ / NO ☐ (please indicate your response by ticking (☑) the box.). If your answer is yes, please give your contact details below.

Email: __________________________

Postal address: ________________________________________________

………………………………………………………………………………………………………

A summary of the research report can be forwarded to you when published. If you would like to receive a copy of the report, please include your mailing address below.

Email: __________________________

Postal address: ________________________________________________
附錄 G.

坎培拉地區移民華人長者生活品質
訪談同意書

研究人員：Christine Wu, Faculty of Education, University of Canberra.

我了解訪談活動是為研究案“坎培拉地區移民華人長者生活品質”所執行。研究案的目的是要
更深入地去瞭解移民長者的生活品質及其相關的重要因素。資料收集的對象是年滿55歲及以上的
華人並於坎培拉地區居住至少一年者。

對於我所詢問與本研究案的相關問題都有獲得滿意的答覆。對於我個人的相關資料以及對訪談
所做的回應將被確保完全保密。任何因為我的參與而可能產生的風險或效益都有獲得滿意的解
釋。

我瞭解我將參與約40-50分鐘的訪談活動。我瞭解經由我本人的同意，整個訪談過程將會被數位
錄音以供抄錄之用。我知道我提供給研究人員的資訊將被保密。我了解我的名字或其他相關的
識別資料將不會出現在文字記錄中。所有的資料將被研究人員存放在設有安全密碼的電腦中。

我瞭解我的參與是基於自願性的。我知道我可以選擇問題給予答复或隨時停止訪談。我也知道
我隨時可以在參與研究案的過程中隨時退出並且不需要提出任何解釋或評論。

對於本問卷有其他相關的問題，我知道我可以聯絡 Christine Wu。電話：0431 578 338。電子郵
件： u3010644 @ uni.canberra.edu.au

我同意參加訪談活動。

姓名 ___________________________ 日期 ___________________________

--------------------------------------------------------------------------------
--------------------------------------------------------------------------------

我要檢視我的我想要檢視我的訪談文字紀錄。是 □ / 否 □（請在方格中以打勾方式表示您的意
願）如果您的答案是肯定，請留下您的聯絡資料。

電子郵件 ___________________________

郵遞住址: ___________________________

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當研究發表時可將研究摘要寄給您。如果您想要收到這份摘要，請在下列填寫您的郵遞住址。

電子郵件 ___________________________

郵遞住址: ___________________________
附录 G.

堪培拉地区移民华人长者生存质量
访谈同意书

研究人员：Christine Wu, Faculty of Education, University of Canberra.

我了解访谈活动是为研究案“堪培拉地区移民华人长者生存质量”所执行。研究案的目的是要
更深入了解移民长者的生存质量和其相关的重要因素。数据收集的对象是年满55岁及以上的
华人并于堪培拉地区居住至少一年者。

对于我所询问与本研究案的相关问题都有获得满意的答复。对于我个人的相关数据以及对访谈
所做的响应将被确保完全保密。任何因为我的参与而可能产生的风险或效益都有获得满意的解
释。

我了解我将参与约40-50分钟的访谈活动。我了解经由我本人的同意，整个访谈过程将会被数
字录音以供抄录之用。我知道我所提供给研究人员的回答将被保密。我了解我的名字或其它相
关的识别数据将不会出现在文字纪录中。所有的数据将被研究人员存放在设有安全密码的计算
机中。

我了解我的参与是基于自愿性的。我知道我可以选择问题给予答案，或随时停止访谈。我也知
道我随时可以在参与研究案的过程中随时退出并且不需要提出任何解释或评论。

对于本问卷有其它相关的问题，我知道我可以联系 Christine Wu。电话：0431 578 338。
电子邮件：u3010644 @uni.canberra.edu.au 我同意参加访谈活动。

姓名 ___________________________ 日期 ___________________________

……………………………………………………………………………………………………………………

我要检视我的我想要检视我的访谈文字纪录。是 ☐ / 否 ☐ （请在方格中以打勾方式表示您
的意愿）如果您的答案是肯定，请留下您的联系数据。

电子邮件 ___________________________
邮递住址： ___________________________

……………………………………………………………………………………………………………………

当研究发表时可将研究摘要寄给您。如果您想要收到这份摘要，请在下列填写您的邮递住址。

电子邮件 ___________________________
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