

THE UNIVERSITY OF CALGARY

Life Satisfaction of Chinese Elderly Immigrants:

An Exploratory Study in Calgary

by

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF MASTER OF SOCIAL WORK

FACULTY OF SOCIAL WORK

CALGARY, ALBERTA

JUNE, 1992

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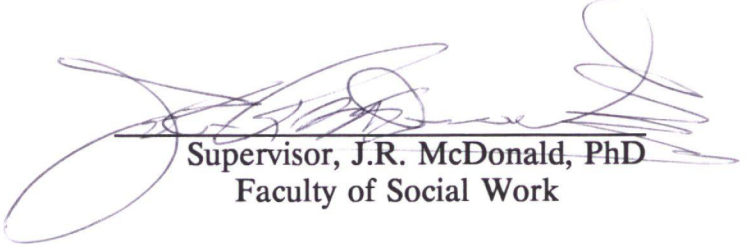
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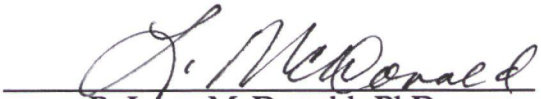
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Life Satisfaction of Chinese Elderly Immigrants: An Exploratory Study in Calgary", by Wing-leung, Lai in partial fulfillment of the requirements for the degree of Master of Social Work.



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## **Abstract**

This research explores life satisfaction of Chinese elderly immigrants in Calgary. Three measuring instruments were used to assess life satisfaction levels of 81 Chinese elderly immigrants selected randomly from the residents of Chinese senior housing facilities in Calgary. A structured questionnaire was administered through personal interview to each of the respondents. Results indicate a moderate level of life satisfaction among the Chinese elderly in this study. Through the use of Pearson correlation coefficients, associations between life satisfaction and the selected variables were examined. Activity level, general health, psychological health, social support, self-esteem, and personal control were the significant variables associated with life satisfaction. Among these variables, psychological health and sense of personal control were identified to be the strongest predictors in this study. Implications of the results for future research and social work practice are presented.

## **Acknowledgements**

I would like to express my gratitude to my thesis supervisor Dr. Jack McDonald. Without his advice and support, this thesis could not be completed.

I would also like to express my appreciation to Rev. Chan of Oi Kwan Foundation, Mrs. Ming Wong, manager of Oi Kwan Place and Wai Kwan Place, and Mr. Christopher Yip, manager of Wa Ying Mansion. Their support and assistance in this research was extremely invaluable.

I'm also indebted to all residents at Oi Kwan Place, Wai Kwan Place, and Wa Ying Mansion. Their cooperation during the interviews facilitated the completion of this project.

Finally, love and thanks to my wife Queenie for her support and encouragement especially during this last year as we first started our life in Canada.

This thesis is  
dedicated to all the seniors  
in our society.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **HISTORICAL BACKGROUND OF CHINESE IMMIGRANTS**

The history of Chinese immigrants in Canada can be dated back to as early as 1858 when gold was discovered in Fraser Valley in British Columbia (Li, 1985). The gold fever attracted quite a number of immigrants from China. With the combinations of the various 'push' and 'pull' factors, the number of Chinese immigrants increased gradually. During this period, China was under the imperial rule of the Ch'ing dynasty. Defeated by various countries in wars between 1839 and 1890, China was put into a state of exploitation under unequal treaties which included granting indemnities, trade concessions and extra-territorial rights to conquerors (Wakeman, 1975; Hsu, 1970). Both the wars and foreign domination accelerated the social and economic deterioration of the old empire (Mao, 1967). To strive for a better life, many Chinese in the southeastern coastal regions went overseas (Li, 1985).

While the 'push' factors were originated from the deterioration of the socioeconomic conditions in China, the 'pull' factors were from Canada. As a newly-born confederation, Canada was in need of labour to develop her vast territories especially in the west. Discovery of gold mines, construction of the trans-Canada

railway, and the development of the various labour-intensive industries such as timber, manufacturing, and fishing provided opportunities for cheap Chinese labour from China (Li, 1979).

Early, before 1885, admission of Chinese into Canada was unrestricted. Upon arrival, most of them were tolerated in the labour-intensive industries such as mining and railway construction. They were considered to be the 'sojourners' who would not seek to settle in Canada permanently (Li, 1985; Siu, 1953). Around 1860 and 1880, very few Chinese immigrated because of the playing out of the gold mines. However, when construction of the Canadian Pacific Railway started in 1881, about 15,000 Chinese male labourers were imported to British Columbia. After the completion of the railway, many returned to China, some moved to other provinces or made their way to the United States. However, a majority did stay. They operated laundries, restaurants, and grocery stores.

Actually, long before 1885, there were complaints against the Chinese for domination of the cheap labour market by white miners and workers. However, due to the shortage of labour supply, the Chinese were tolerated and allowed to stay. However, upon the completion of those pioneer industries, and when the supply for white labourers became more available, the Chinese were scapegoated for causing various economic and social problems.



The first anti-Chinese legislation was passed in 1885 in the same year as the Canadian Pacific Railway was completed. Chinese were restricted from entry into the country by the \$50 head-tax system. By 1900, the head-tax on each person entering Canada increased to \$100, and then \$500 in 1903. Between 1905 and 1924, about twenty million dollars of head-tax was collected from the Chinese (Li, 1979) with the total number of Chinese coming to Canada between 1906 and 1924 being 43,470. The majority of immigrants in this period were male.

Despite these immigration restrictions, anti-Chinese sentiments continued. By 1923, the Chinese Immigration Act essentially excluded all Chinese immigrants. Only seven Chinese were allowed to enter Canada during the period of 1925 to 1946 (Li, 1979).

After the Second World War, changes again occurred to immigration policies affecting Chinese. As an ally of Canada in the war period, it was rather embarrassing to maintain a discriminatory policy (Li, 1985). At the same time, because of the contradiction of the immigration policies on Chinese to the human rights elements embodied in the charter of the United Nations, the Chinese Immigration Act was repealed in 1947. Further changes came in the 1950s. A limited number of Chinese were permitted to enter Canada through the sponsorship of close relatives. From 1947 to 1962, 21,877 Chinese immigrants entered Canada.

In the early sixties, more flexibility was allowed in the admission of Asian immigrants. Family members were reunited with relatives in Canada. During the period between 1963 and 1967, 18,716 Chinese immigrated to Canada. In 1967, a universal point system was adopted for selecting immigrants from all countries. Thereafter, an entry record of 91,490 Chinese immigrants to Canada was witnessed between 1968 and 1976.

In contrast to the earlier immigrants with rural background, Chinese entering Canada in the post war period were mainly urban dwellers from Hong Kong and Taiwan. Mainland China was no longer the major source of Chinese immigrants especially after the 1949 socialist revolution and the hostile relationships between east and west during the cold war years. Besides, due to the changes in immigration policies, family reunion and sponsorship brought along a large portion of elderly Chinese who had children in Canada. In 1967, only 6.1% of the Chinese immigrants were 55 years of age and over. However, the proportion of Chinese immigrants from this age group rose to 17.8% by 1976.

The most significant rise occurred in the last decade. Because of the uncertainties in the political future of Hong Kong since the 1980s, thousands of Chinese emigrated to other countries. Canada ranked first among their preferred destinations (Dawson, 1991). From 1987 to 1989, among the 22,000 who left for other countries from Hong Kong, half of them made their way to Canada. And among

those coming to Canada, about 5,300 settled in Alberta. Statistics from Employment and Immigration Canada (1987, 1990) show this increase in Chinese immigrants. In 1981, only 6,451 immigrants entered Canada from Hong Kong. In 1987, the number rose to 16,170, and in 1990, the number jumped to at least 28,954. This means within ten years, immigration from Hong Kong increased by over three times.

Similar increases also occurred in the immigration from Mainland China and Taiwan. In 1986, 1,902 and 695 immigrants entered Canada from these two places respectively. However, by 1990, the number of immigrants from China had increased to 7,955, while those from Taiwan had jumped to 3,579 (Employment and Immigration Canada, 1986, 1990). The above data represents a conservative view of Chinese immigrants to this country since Chinese from other east Asian countries such as Vietnam or Malaysia were not included. Actually, in 1981, the total Chinese population in Canada was 289,245 and it increased by 43% in 1986 to a total of 414,040 (Table 1).

Table 1: Chinese Population Distributions in 1981 to 1986

Locality	1981	1986
Canada	289,245	414,040
Alberta	36,770	56,760
Calgary	15,545	26,175

Sources: Census of Canada, 1981, 1986.

Another phenomenon observed during the last decade is the increase in the number of Chinese immigrants coming to Alberta. As mentioned in above, around 25% of those people leaving Hong Kong made their way to Alberta. This can be partly explained by the active efforts of the Alberta government in persuading entrepreneurs to invest in the province (Dawson, 1991). In 1988, 200 out of 1,000 business immigrants to Canada came to Alberta. In 1989, among all business immigrants to Canada from Hong Kong, the proportion of those coming to Alberta accounted for 17% of the total (Dawson, 1991).

By mid-1983, about 4,000 Chinese had settled in Alberta (Dawson, 1991). In 1981, the total population of Chinese in Alberta was 36,770, while by 1986, it rose to 56,760 (Statistics Canada, 1981, 1986). This change represents an increase of 54.4%. For the last ten years, Alberta was the third province with the largest amount of Chinese population after Ontario and British Columbia. As the second largest city in Alberta, Calgary has also witnessed tremendous growth in Chinese population during the past ten years. According to Statistics Canada, the total Chinese population in the city was 15,545 in 1981. However by 1986, it had risen about 46% to 26,175 (Statistics Canada, 1981, 1986) and was ranked third in the country after Toronto and Vancouver (Table 1).

## **SOCIAL WORK PRACTICE AND CHINESE ELDERLY**

The purpose of social work is to enhance social functioning of individuals, groups, and families by activities focused upon the interactions between individuals and their environment (Boehm, 1958). William Gordon (1969) further considered the emphasis of social work to be on people in their life situation with both the individual and their environment being the dual focus of practice.

According to Pincus and Minahan (1977), social work practice focuses on the interactions and linkages between individuals and their resource systems. It is concerned with the interactions between people and their social environment. These interactions affect the ability of individuals to accomplish their life tasks, alleviate their distress, and realize their aspirations. Social work practice aims at enhancing the problem-solving and coping capacities of people; linking them with systems that provide resources; promotes effective and humane operation of the resource systems, and influences the social policy (Pincus & Minahan, 1977). Through linking the clients to appropriate resource systems and through direct actions to improve the functioning of these systems, interactions between individuals and the environment are facilitated.

Social work practice has also been interpreted as a response to human concern and needs (Johnson, 1989). Social workers involve themselves in situations where individuals have problems in social functioning and which imply difficulties in

coping with the environmental demands (Barlett, 1970). Involvement of workers includes the feeling, thinking, and acting aspects of change (Johnson, 1989). Having felt the concern and need to change, both the worker and the client work together through a process of assessment and planning. Actions are taken to initiate the changes required. Feeling, thinking, and acting activities continue in a cyclical manner until the unmet needs are fulfilled and the concern no longer exists (Johnson, 1989).

In the present study, the target group being studied is elderly immigrants. Not all people from this group need help from social workers. The targets of social work practice are those who have problems or difficulties in their interactions with the environment.

Aging is a normal human developmental process. Erikson (1963) provided a framework for identifying psychosocial development of human beings in the different stages of life. Each psychosocial stage consists of a series of developmental process challenges. (Erikson, 1963, 1982; Erikson, Erikson, & Kivnick, 1986). Individuals adjust to these developmental problem challenges by incorporating or reconciling new crisis resolving adaptations (Erikson et al., 1986).

The stage of old age is marked by the challenges of integrity versus despair. At the last stage of life and with many activities nearing completion, one has to accept the realities of life accomplishments or failures and face the coming of death.

Well-adjusted older people are able to look back on their lives with satisfaction. Besides, accepting their successes, they are able to accept the lifelong series of conflicts, pains, failures, and disappointment (Newman & Newman, 1975).

Psychosocial changes in old age mean that some people have problems in achieving integrity. Beaver and Miller (1992) have summarized the changes that elderly persons may experience. Related distress or losses accompanied with these changes are also discussed. Physiological changes include the gradual decline in the functioning of various organs and organ systems. Performance abilities lessen in the senses, intelligence, memory, learning, problem-solving, and psychomotor capacities. Losses in the social sphere associated with retirement affect income, lifestyle, social status, and social roles. All of these changes place stress upon the aging individuals (Beaver & Miller, 1992). Many persons are able to cope properly with them while some are not. Social work intervention helps those elderly individuals who have problems or difficulties in addressing the psychosocial developmental tasks of achieving integrity.

The losses and stress discussed are those faced by all elderly persons. The elderly who are immigrants in a host country are even more vulnerable. As noted by Breaver and Miller (1992), elderly immigrants have to face unique additional struggles that include considerable new learning and challenges; among them are

language, daily living skills, and cultural transitions. At the stage of life in which they are less equipped to meet these changes, problems are further aggravated.

Elderly immigrants have also been regarded as a "powerless, least influential, and the most 'forgotten' segment of the ethnic population" (Disman, 1983). Having no assistance from peers and without any support from the general public, aged immigrants may be isolated and more prone to stress. Upon arrival in the host country, they tend to depend on their younger generations or relatives socially, emotionally, and financially. With immigrant status, the seniors often feel stigmatized and alienated. This reality may thus result in poor mental and physical health (Ikels, 1983; Kurzeja, Koh, Koh, & Liu, 1986; Naidoo, 1985).

With reference to Chinese elderly immigrants, specific difficulties and problems that occur with them can be identified. On one hand, the Chinese elderly are going through the process of aging, while at the same time, they have to adjust to the status of being an immigrant. In a host country with a completely different culture and language, their adjustment process becomes very complicated. Language barriers are often the greatest concern of many Chinese elderly. With limited opportunities to learn English in the past, it is common for Chinese seniors not to speak any English. Wu (1975) interviewed a group of aged Chinese immigrants in the United States and found that they considered language barriers to be one of the most prominent problems they encountered. Unable to speak or understand English not



only deprives them of a normal social life with the local people, it limits their capability to enjoy television, read newspapers or magazines, and make use of public transportation to visit their friends (Wong, 1985, Hsu, 1970; Con, Con, Johnson, & Wickberg, 1982; Weeks & Cuellar, 1983). Language problems not only isolate them from the community, but also from their own family, since many relatives may not be able to speak Chinese, and family conversations are conducted in English. Under such conditions, the elderly are often described as "deaf, dumb, and blind" (Wu, 1975; Tu, Liang, & Li, 1989; Con et al., 1982; Weeks & Cuellar, 1983). They are deaf because they cannot listen to English, dumb because they cannot speak, and blind because they cannot read.

Another problem faced by the elderly Chinese is transportation. In a needs survey of Chinese elderly living in Calgary, less than 10% of the elderly over 65 have their own car (Lam, McDonald, & Poon, 1991). They have to depend on their relatives for transportation. Public buses are often the most common mode of transportation. However, it is often difficult to travel alone by bus in view of their language deficiency and inability to recognize route and place.

Moreover, many of the Chinese elderly in North America perceive a reduction in status in their families where children are more important than parents (Wu, 1975). With the emphasis on nuclear family, the traditional type of large family no longer exists. Despite the fact that most of the elderly are well cared for materially

in the family, they express feelings of loneliness and unhappiness (Wong, 1985; Tu et al., 1989). Furthermore, role reversal from an authority figure in the household in their homeland to a powerless and dependent position in their children's home is common (Yu, 1984). Because of the language and unfamiliarity with the new environment, elderly immigrants have to depend on their children or younger relatives for various instrumental supports such as transportation, interpretation, and information. This further adds to their sense of inferiority. In addition, they must often rely on their children financially, especially when they are not eligible for pensions or welfare assistance.

Finally, inability to communicate in English limits the Chinese elderly's opportunities in meeting new friends and building up a new social circle. Being separated from their friends, peers, and relatives at their age, and to traveling to a distant and unfamiliar country may elicit the feelings of loss, fear, and isolation. They may be uncertain about when they can have reunion with their close relatives and peers. Writing letters may be difficult for most elderly while international phone calls are expensive. They may miss their homeland very much but have much uncertainty about what is happening in their home country (Cheetham, 1972).

From the social work practice point of view, interventions with this elderly client group aim at facilitating achievement of the psychosocial task of integrity and helping them adjust to the host environment. Three levels of intervention have been

suggested (Goldberg & Dutsch, 1977). Primary intervention involves actions in advance so that problems and difficulties can be stopped or forestalled before they really occur. These include activities with individuals and groups who do not have evidence of specific problems. These measures are essential to the prevention of the problems and to maintaining the well-being of the client group (Beaver & Miller, 1992). Examples include community education, family life education, life skills training, developmental groups, and supportive services.

Secondary interventions forestall the subsequent development of the less desirable situations (Goldberg & Deutsch, 1977). They include activities to deal with problems that already exist. Through early identification of problems and prompt treatment, secondary level interventions can avoid further problem based breakdowns. Such interventions can also help people to develop coping skills which are useful to prevent the occurrence of similar dysfunctions in future.

The tertiary level of intervention is to deal with the more serious problems or deteriorated conditions. It involves activities to alleviate the dysfunctional effects of these problems for individuals or families so that they can resume their typical functioning as much as possible. These actions are mainly remedial in nature and involve intensive treatment elements. Yet, tertiary intervention also serves a preventive function by modifying and limiting the occurrence of other related problems (Beaver & Miller, 1992).

To work with this elderly client group, a generic social work practice model has been suggested (Beaver & Miller, 1992). It consists of six generic intervention processes, namely, client engagement, assessment, treatment planning, treatment, evaluation, and termination. While these six stages of practice are not necessarily mutually exclusive, they can be applied to different individuals, groups, or families at different levels of intervention.

Client engagement involves the development of a trusting and accepting relationship with the client systems. To achieve this type of relationship, worker must be able to communicate their empathic understanding and concern toward clients' feelings and thoughts. Warmth and acceptance have to be conveyed. The worker also needs to present themselves in a genuine, caring manner so that clients feel free and secure to express their problems and needs (Beaver & Miller, 1992).

Assessment is the second phase of the generic practice model. It involves fact gathering and analysis. Through careful assessment, the nature of client's presenting problems can be understood. Assessment also includes a general evaluation of client functioning in the physical, psychological, and social aspects of living (Beaver & Miller, 1992). Johnson (1989) considers assessment to be an ongoing process which involves both understanding the client in the situation and providing a base for planning and action. The process includes mutual effort by both client and worker. A problem-solving process which includes the steps of identification of need,

identification of blocks to need fulfillment, and formation of the problem has also been suggested in assessment (Johnson, 1989).

Treatment planning comes after assessment. The worker in this phase devises plans so that the goals for intervention can be achieved. Actions and procedures that should be taken to bring about the changes are to be decided. Targets of change are based on the information obtained in assessment. The formulation of the plan requires a contracting process between worker and the client (Beaver & Miller, 1992).

The treatment phase is the implementation of what has been agreed upon in treatment planning. All the procedures and interventive actions take place. Modifications may be necessary when there are changes in client's situation, treatment techniques, or information about the problems (Beaver & Miller, 1992).

Evaluation is also an ongoing process, which is conducted throughout the helping relationship. In this process, worker and client look for evidence that goals and objectives are being reached.

Termination is the final stage which occurs when the goals of intervention have been achieved and the need for treatment no longer exists. Termination has to be planned in advance so that worker and client can discuss issues and concerns surrounding the anticipated ending. Feelings of separation need to be acknowledged

and dealt with (Beaver & Miller, 1992). Finally, at appropriate intervals followup contacts are needed to assure that adequate coping is maintained.

Social work practice aims at helping individuals enhance and restore their capacities to deal with the oppressive or destructive social conditions they are facing in their life (Ho, 1989). Interventions by the social workers focus on the interactions between the person and the environment (Morales and Sheafor, 1989). By identifying the needs and concerns facing the Chinese elderly immigrants in Canada, interventions and services can be planned and delivered accordingly. Through examining life satisfaction in this ethnic elderly minority group, their ways of living and their adjustment to the life both as a senior and an immigrant can be explored. This research is intended to provide social work information which is essential to the intervention process, especially in assessment, planning, and treatment. Through identifying the life situations of this potential client group, their needs and concerns can be established with empirical support. This will prove helpful in determining the types of services or interventive strategies needed to help the elderly immigrant group in maintaining and enhancing their personal and social functioning.

Finally, with western social work training but the same ethnic background as the target population in this study, the researcher brings bilingual and bicultural skills to assess the needs. On one hand, the researcher is able to apply western concepts to this ethnic client group. This should prove useful to the continuous development

of theoretical foundations for studying the Chinese elderly in Canada. On the other, the researcher is able to understand the subjective feelings and interpretations of the needs and life situations examined in this study. Both are important to obtaining an adequate assessment of need in this population.

## **PURPOSE OF THE STUDY**

The purpose of this study is to examine from a life satisfaction perspective the ethnically Chinese elderly in Calgary. It is hoped that the study will achieve the following objectives:

- 1) To explore the levels of life satisfaction of the aged Chinese immigrants in Calgary.
- 2) To identify the significant factors affecting life satisfaction of this ethnic minority group.
- 3) To understand the needs and problems that the aged Chinese immigrants are facing.
- 4) To discuss, from a social work perspective, the identified problems and needs of the Chinese elderly immigrants.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

The main focus of this research is to examine life satisfaction of aged Chinese immigrants and its significant determinants. This chapter is divided into three sections in which the related theoretical and empirical literature is reviewed. The first section reviews the theories explaining life satisfaction of the elderly. The second section deals with the concepts and measures of life satisfaction. The third section presents previous research findings on the determinants of life satisfaction among the elderly including those related to the life satisfaction of the aged Chinese immigrants.

#### **THEORIES EXPLAINING LIFE SATISFACTION OF THE ELDERLY**

Theories explaining life satisfaction of the elderly are mainly derived from various social theories of aging or gerontology. In the following sections, some of the most common theories which provide theoretical foundations for the present study are discussed. To a great extent, selected variables to be studied in the present research are derived from the theories presented.



## **Disengagement Theory**

Disengagement theory is one of the most popular yet controversial theories in social gerontology. It was originally formulated by Elaine Cumming and William Henry in 1961. Based on data analysis from Kansas City studies, the theory supports the notion that the elderly, in order to prepare for the end of their life, begin to limit their activities and thus literally begin to "disengage" themselves from the mainstream of living. The central theme of the theory considers that "disengagement is an inevitable process in which many of the relationships between a person and other members of society are severed, and those remaining are altered in quality" (Cumming & Henry, 1961). The process of disengagement can be started both by the older person or the society. The withdrawal process is mutual. Despite how it is initiated, it has positive consequences for both parties. From a functional perspective, the withdrawal of society is to ensure power transition from the older generation to the younger generation in order that society can continue and maintain its equilibrium. For the aging individuals experiencing losses of roles and energy, they can be released from societal expectations. Having recognized their diminished capacities, and in order to prepare for death, they move away from the mainstream of society.

## **Activity Theory**

Activity theory was developed by Robert Havighurst (1963, 1968) from the same series of studies from which the disengagement theory was derived. However, it holds an extremely different view of aging. This theory presumes that through continuous participation in the role characteristics of middle age, the self-concept of a person can be validated. Therefore, it is desirable for older people to be active in activities which they used to perform in their middle age. Instead of disengaging from society, older people are encouraged to maintain their middle-age lifestyles as long as possible (Lemon, Bengtson, & Peterson, 1972). They are to be encouraged to remain active and keep themselves busy. The most successful aging is the one in which people maintain the highest possible level of involvement and activity, including physical activity. In order for the older people to have a satisfied life, they have to take pleasure from the activities in their daily living (Havighurst, Neugarten, & Tobin, 1968).

## **Person-Environment Transaction Perspective**

In addition to activity theory and the disengagement theory, other social theories are also available to explain the aging process. In this section, the theory of the person-environment transactional perspective is discussed.

The impact of environment on the life of human beings and their well-being has been widely recognized in different disciplines. Field theory of Lewin (1935, 1951) considers the fact that any event results from multiple individual and environmental factors.

The person-environment transactional perspective places emphasis upon the interactions and mutual independence between individuals and their environment (Schwartz, 1974). The transactional perspective holds that maintaining that positive self-regard or self-esteem is an important resource in providing the basis for competence in individuals throughout their lifespan. Losses that occur in middle and later years tend to work against the maintenance of self-esteem. From this notion, successful aging depends very much on one's ability to structure or modify the environment so as to compensate the losses in the aging process, losses such as physical health, social status, and economic security. Ways to preserve or enhance level of self-esteem are important to life adjustment to the aging process.

This perspective adopts a continuous and developmental view toward the life cycle. It holds that the aging process itself may consist of coexistent episodes of decline and renewal. In order to maintain competence and life satisfaction, individuals have to find ways to compensate for the losses throughout their lifespan (Schwartz, Snyder, & Peterson, 1984). It also highlights the importance of the dynamic interactions between individuals and the environment. It provides an

interdisciplinary perspective in understanding the adjustment of the elderly in the aging process. However, the specific factors that would enable individuals to enhance their competence in maintaining themselves in the environment and in compensating for their losses are not well documented. Rather than limiting the factors of adjustment of aging to only one, it has at least provided a multi-factorial framework for analyzing significant variables, such as social support and self-esteem, that might help in explaining life adjustment and life satisfaction of the elderly.

The focus of the above theories or perspectives is mainly on the aging process of the elderly in general. No specific attempt has been made to explain the situations of the elderly from different ethnic backgrounds. To bridge the gap, concepts from the double and multiple jeopardy hypotheses are discussed. It is hoped that they can serve to provide better conceptions of well-being and life satisfaction for elderly persons from different cultural minorities.

### **Double and Multiple Jeopardy Hypotheses**

The double and multiple jeopardy hypotheses consider the importance of the interactions between two or more social strata, such as age and ethnicity, in contributing to the effects upon the elderly from ethnic minority group. Usually, the jeopardy studies concentrate on the combined effects of two or more negatively perceived variables of social status. They can be any two or more among age,

ethnicity, sex, and social class. As argued by many scholars, people occupying two or more stigmatized statuses experience more negative consequences than occupants who possess one negative status (Dowd & Bengtson, 1978; Palmore & Manton, 1973; Jackson, 1972). Therefore, from the perspective of the double and multiple jeopardy hypotheses, life situations of the elderly would be further aggravated if they belong to any ethnic minority group. At the same time, life situations of the elderly from ethnic minority group would be even worse if they are poor and female, etc.

Despite the fact that the double and multiple jeopardy hypotheses have been criticized for their mixed empirical results and usage of the traditional indicators such as income, education, and occupation (Markides, 1983), studies examining the life satisfaction of the elderly from this perspective are available. In the study by Penning (1983), the multiple jeopardy perspective was examined by comparing objective and subjective quality-of-life indicators such as perceived well-being, self-assessed health status, perceived economic security, and income among four age groups from seven ethnic backgrounds. Results indicated that there were differences in various aspects of quality of life among the respondents from different gender, age and ethnic groups, and thus constituted multiple jeopardy for the aged female ethnic minority.

In another study by Havens and Chappell (1983), the effect of multiple jeopardy hypothesis was witnessed again. In their study of perceived well-being as measured by the Life Satisfaction Index-A (LSI-A) (Neugarten, Havighurst, & Tobin,

1961), perceived health, and mental health functioning were compared among 3,647 seniors who were subdivided into four different age groups of different gender and ethnic origin. Results of the study indicated that the jeopardy hypothesis was confirmed to a certain extent. Female disadvantaged ethnic seniors from the oldest age group exhibited significantly worse mental health than any other comparison group. As a subjective measure, level of perceived well-being among respondents from different age groups was found to be significantly different, while the same effect was observed among respondents from different ethnic groups. However, the interaction effects between these two variables were not significant. Despite the refutation of the hypothesis at the subjective level, the study had demonstrated the unique effects of age, gender, and ethnic differences in affecting the life situations of the elderly.

Somehow, despite the availability of the empirical support for the jeopardy hypotheses discussed above, specific study of the Chinese population is rather limited. Before an in-depth examination of the effect of this perspective on the life satisfaction of the Chinese elderly group, an exploratory study to obtain more basic information about their life satisfaction is required.

## CONCEPTUAL DEFINITIONS AND MEASURES OF LIFE SATISFACTION

Conventionally, satisfaction refers to contentment and fulfilment. Therefore, life satisfaction can be regarded as the contentment, pleasure and fulfilment experienced in one's life. In some academic literature, life satisfaction has been defined as "an assessment of the overall conditions of existence as derived from a comparison of one's aspirations to one's overall achievements." (Cantril, 1965). Bell regarded it as the subjective experience of pleasure with one's self, along with others, in relation to past or present social circumstances (Bell, 1976). George (1979), defined it as "a cognitive assessment of one's progress toward desired goals", which is similar to the definition by Neugarten, Havighurst, and Tobin (1961) who considered life satisfaction to be congruence between desired and achieved goals.

Actually, life satisfaction is a complex concept which is difficult to clearly define. It becomes more complicated when the concept is indicated by other terms such as morale, well-being, happiness, enjoyment and quality of life. No matter how the concept of life satisfaction seems to have evolved, it includes both the subjective and personal interpretations of individuals towards their own situation at a particular time and space. Therefore, different experiences and social circumstances may be perceived to be both satisfying and dissatisfying by different persons or even the same person at different times.

No matter how varied the definition of life satisfaction may be, it represents the well-being of individuals and various researchers have used a number of methods to attempt measurement of the concept in the lives of subjects. According to Wan, Odell and Lewis (1982), methods measuring life satisfaction can be categorized into three approaches: the single-item approach, the comparative approach and the multi-dimensional approach.

The instruments by Rose (1955), Streib (1956), Cantril (1965), Davis (1974), Spreitzer and Synder (1974) are single-item measures. In these measuring instruments, only one question is asked to assess the levels of life satisfaction of the respondents. Questions like "In general, how satisfied are you with your life?" (Rose, 1955), "On the whole how satisfied are you with your way of life today?" (Streib, 1956), are common examples of this approach.

The comparative approach assesses life satisfaction in a dynamic manner. Besides evaluating present life satisfaction, respondents are asked to compare their present state with one in some previous time or with other people at their age. This method takes into account the influence of age and life experience by providing a relative measure or indicator of the well-being of the respondents. A study by Larson (1978) indicated there was stronger association between measures of long-term satisfaction and actual state (Edwards & Klemmack, 1973; Harris, 1975) than single-



item measures (e.g. Clark & Anderson, 1967; Kutner et al., 1956; Palmore & Luikart, 1972).

The third approach to assessment of life satisfaction is the multi-dimensional approach. Questions assessing life satisfaction levels of respondents from their various perspectives of life are used. The Life Satisfaction Index-A (LSI-A) and the Life Satisfaction Index-B (LSI-B) are examples which assess five dimensions of life: zest, resolution and fortitude, goodness of fit between desired and achieved goals, positive self-concept and mood tone (Neugarten et al., 1961). Other measuring instruments of life satisfaction of elderly include the Morale Scales (Clark & Anderson, 1967; Pierce & Clark, 1973) and the Philadelphia Geriatric Center Morale Scale (Lawton, 1972).

## **DETERMINANTS OF LIFE SATISFACTION: REVIEW OF PREVIOUS STUDIES**

### **Life Satisfaction and Socioeconomic Background**

Although most research shows no effect of gender on life satisfaction (Liang, 1982; Kelly, 1982; Fisher Reinsch, 1979; Larson, 1978; Jackson, Bacon, and Peterson, 1977), some exceptions still can be found. In the studies by Knapp (1976) and Spreitzer and Snyder (1974), life satisfaction for males was found to be higher.

In another study comparing the elderly whites and blacks, Sauer (1977) reported that white females tended to enjoy a higher level of satisfaction.

Research results on the effect of age on levels of life satisfaction among the elderly are also inconclusive. Many studies show that life satisfaction of the elderly tends to decline with advancing age (Alston & Dudley, 1973; Blau, 1973; Phillips, 1967; Wessman, 1956). This can be explained by the view that older people tend to hold a more pessimistic attitude towards their life than younger persons (Gurin, Veroff, & Feld, 1960). However, in another study by Clemente and Sauer (1976), an opposite phenomenon was observed in which life satisfaction was found to increase with age. Some other studies report, life satisfaction and age to be unrelated (Palmore & Luikart, 1972; Edwards & Klemmack, 1973). For example, in the study by Edwards and Klemmack (1973), the effect of age on life satisfaction was eliminated when the socioeconomic status of the respondents was controlled.

Research results reported by Leonard (1982), Sauer (1977), George and Maddox (1977), Morgan (1976), and Martin (1973) supported the position that married people expressed a higher level of life satisfaction in comparison with widowed and single elderly. However, the effect of marital status on life satisfaction was also found to be mediated by some other factors. In a study by Morgan (1976) on the life satisfaction of white, black, and Mexican-American women, levels of life satisfaction of the widowed women tended to be lower. Significant statistical

difference could only be observed among white females. Morgan explained that the differences in life satisfaction between married and widowed persons was mainly due to other factors co-occurring with widowed status, factors such as, lower income and less family interaction, rather than the widowhood itself.

Various studies have indicated the effect of socioeconomic status in explaining the levels of life satisfaction among the elderly (Kutner et al., 1956; Hansen & Yoshioka, 1962; Marshall & Eteng, 1970; Edwards & Klemmack, 1973; Alston & Dudley, 1973; Cantril, 1965; Gurin, Veroff & Feld, 1960; Chatfield, 1977). Findings by Chatfield (1977) conclude that although low income does not necessarily mean low level of life satisfaction, high income is associated with greater satisfaction.

### **Life Satisfaction and Social Support**

Research on social support has shown the positive effect it has on adjustment in later life (Wan & Weissert, 1981). Caplan (1974) describes social support as the enduring personal ties by an individual to some people who could be relied upon so as to provide assistance and resources in times of need. The presence of such personal ties or supportive persons were reported as serving to reduce the effects of stressful events both physically and mentally (Nuckolls, Cassel, & Kaplan, 1972; Caplan, 1974; Gore, 1978; Myers, Lindenthal, & Peper, 1975). In many studies examining the relationships between social support and life satisfaction of the elderly,

positive associations between them were found. In the study by Maddox and Eisdorfer (1962), life satisfaction and interactions with social network were reported to be positively associated. Positive relationships between life satisfaction and amount of friend interactions were also found in various studies (Phillips, 1967; Lemon et al., 1972; Adams, 1971). In a recent study by Levitt and her associates (Levitt, Clark, Roton, & Finley, 1987), the relationships between social support and well-being of the elderly were examined. In their research on the 92 randomly selected elderly persons aged 60 and over, social support was found to be a strong and significant predictor of life satisfaction. Studies by Krause (1990), Baldassare, Rosenfield, and Rook (1984), Rao and Rao (1983), and Blandford and Chappell (1990) all yielded similar results.

### **Life Satisfaction and Activity Level**

Theories and research studies on the relationship between activity and life satisfaction of older adults are numerous. As mentioned above, disengagement theorists tend to hold that less involvement in activity can help to explain high levels of life satisfaction (Cumming & Henry, 1961). On the other hand, activity theorists hold an opposite view and consider that well-being is positively associated with participation in activities (Havighurst, 1963, 1968). On the whole, results of empirical research show that the satisfaction and morale of those who continue to participate

in social and recreational activities tends to be higher (Lemon, Bengston & Peterson, 1972; Anderson, 1967; Kutner et al., 1956; Zborowski & Eyde, 1962; Maddox, 1965).

### **Life Satisfaction and Health**

Many studies show that good health is a primary factor influencing a positive level of life satisfaction for the elderly (Snider, 1980; Seleen, 1982; Toseland and Rasch, 1979; Barfield & Morgan, 1978; Palmore & Kivett, 1977; Medley, 1976; Knapp, 1976; Spreitzer & Snyder, 1974). Similar results were also found among the black elderly (Jackson et al., 1977; Sauer, 1977). As noted in the review of research on subjective well-being of older Americans, Larson (1978) considered that health was the most significant predictor of well-being among the elderly.

### **Life Satisfaction and Personal Control**

A sense of personal control is important to the adjustment of any individual, since feelings of inadequacy and helplessness result from being unable to manage one's material resources, environmental circumstances and social relationships (Bromley, 1990; Rodin & Langer, 1977; Rodin et al., 1985; Schulz, 1976). At the same time, personal control can be viewed as one of the psychological resources that individuals can draw upon to help them withstand the threats posed by events and objects in the environment (Pearlin & Schooler, 1978). Early in the study by Palmore

& Luikart (1972), personal control was examined as one of the independent variables of life satisfaction among the elderly and its significant effect was confirmed. In later studies by Reid and Ziegler (1980), Mancini (1980), Medinger (1981), and Eisenberg (1981), similar findings were obtained. In another study by Hickson, Housley, and Boyle (1988) on 122 elderly aged from 61 to 81, the relationships between life satisfaction, personal control, and death anxiety were examined. Results indicated that personal control of the elderly as measured by the Rotter's Internal-External Locus of Control Scale was significantly associated with life satisfaction as measured by the Philadelphia Geriatric Morale Scale (Hickson, Housley, & Boyle, 1988).

### **Life Satisfaction and Self-Esteem**

Like personal control, self-esteem is also regarded as a psychological resource helping individuals mitigate the effects of stress on their well-being (Pearlin & Schooler, 1978). Studies also show positive associations between self-esteem and enhancement of well-being (Bortner & Hultsch, 1970; Campbell et al., 1976; Jackson et al., 1977). In a recent study by Tran, Wright, and Chatters (1991), structural relationships between socio-demographic variables, health status, stress, psychological resources, and subjective well-being among black elderly persons were examined. In their study, self-esteem was treated as one variable of the compendium of psychological resources. Findings showed the importance of psychological resources

in determining the subjective well-being of the elderly in which life satisfaction was one of the factors. Self-esteem was positively associated with the various subjective well-being evaluations (Tran, et al., 1991).

### **Life Satisfaction of Chinese Elderly**

The review of empirical studies presented above shows the effects of various independent variables on the levels of life satisfaction for elderly persons. These studies provided the research foundation for the present study. However, empirical studies on life satisfaction among Chinese elderly immigrants in Canada are scattered. The following studies on Chinese elderly provide points of reference for this research.

In the study by Lee and Chi (1990) on 1,172 randomly selected Chinese elderly in Hong Kong, the relationships between levels of life satisfaction and various determinants were examined. Life satisfaction was measured by an adapted version of the Life Satisfaction Index-A (LSI-A) of Neugarten, Havighurst, and Tobin (1961). Results indicated that many of the Chinese elderly in Hong Kong enjoyed relatively high levels of life satisfaction. Among the six types of variables, the health variables and the informal social support variables were the two most significant determinants of life satisfaction. They were followed by the achieved social status variables and the life style variables. When the variables were examined individually, the most

significant correlates of life satisfaction were self-perceived financial conditions, depression, activity level, and number of supporters in times of sickness and injury (Lee & Chi, 1990). Despite the fact that the research by Lee and Chi was carried out in Hong Kong, it can serve as a model for examining life satisfaction among the Chinese elderly immigrants in Canada. It provides empirical foundation for the present study by supplying evidence for the applicability of the selected independent variables such as health, social support, self-perceived financial adequacy, and activity level in explaining life satisfaction among aged Chinese immigrants to Canada. Finally, their study tested the applicability of the life satisfaction instrument on a Chinese elderly population.

In another research study of the Chinese elderly in two senior institutions in Taiwan (Lam, 1988), the Life Satisfaction Index-A (Neugarten et al., 1961) was adopted to measure the concept of life adjustment. Results indicated that the life satisfaction level of the Chinese elderly in the selected elderly institutions was medium. By use of zero-order correlation, life satisfaction was found to be significantly associated with age, education level, religious commitment, economic conditions, and health (Lam, 1988).

Canadian based research by Wong and Reker (1985) compared stress, coping behaviors, and perceived well-being of the Chinese elderly with another group of senior Caucasians. Results of the study supported the double jeopardy hypothesis of



ethnic minority aging and showed that the Chinese elderly found growing old a more stressful experience than the Caucasians. The Chinese elderly were reported to have lower levels of psychological well-being and depended more on external and palliative stress coping strategies (Wong & Reker, 1985). Though the study examined the well-being of the Chinese elderly, it failed to provide exploration of the significant determinants which explained the levels of well-being of the subjects.

A more recent study on the Chinese elderly in Canada is the one by Li (1990) on the social support of the Chinese elderly in Calgary. In this study, 100 Chinese elderly, ages of 60 to 90 were interviewed. The focus was on the social support received by them in Calgary. Life satisfaction was measured by the Life Satisfaction Index-Z (Wood, Wylie, & Sheafor, 1969) and treated as a factor of social support. Results of the research showed that social support was not strongly related to life satisfaction of the Chinese elderly. However, as life satisfaction was examined as an independent variable rather than a dependent variable in this study, no further detailed elaboration on the levels of life satisfaction of the subjects was made and the factors explaining the satisfaction levels of the Chinese elderly were not discussed.

An earlier study by Lam, McDonald, and Poon (1988) assessed the health and social services needs of Chinese elderly persons over 55 years of age in Calgary. Through telephone interviews with 2,254 persons at the age of 55 or above, and

indepth personal interviews with 218 respondents from the sample, their health states, language, living, and care patterns, transportation needs, health needs, social relationship needs, and service needs were explored. Somehow, in the study, their life satisfaction was not examined in depth.

Despite the various studies of Chinese elderly mentioned, empirical examination on the life satisfaction of Chinese elderly in Calgary is limited. The present research thus aims at bridging some of the knowledge gap by providing additional examination and information on life satisfaction of this elderly ethnic group.

## **CHAPTER THREE**

### **THEORETICAL CONCEPTUALIZATION**

Instead of adhering to a specific theoretical model or theory, the present study aims at exploring various factors explaining life satisfaction of an ethnic minority group, Chinese elderly immigrants in Calgary, Alberta, Canada.

Having noticed that theories explaining life satisfaction of the elderly mentioned in the last chapter are only able to contribute part of the whole picture, a multi-causal perspective is adopted in the present study. Besides, targets of the present research study were ethnic Chinese elderly. Specific theories on life satisfaction for this ethnic minority group are either unavailable or not yet well developed. Therefore, it would seem preferable to explore a variety of possible effects than to rely upon only one or two perspectives.

In the following sections, conceptual definitions of the variables examined in this study are presented. Unless otherwise specified, definitions of terms are those provided by this researcher.

Life satisfaction of Chinese elderly immigrants is studied from a multi-factorial approach in which variables drawn for examination originated from different theoretical perspectives. For the purpose of this study, selected independent variables expected to have effects on levels of life satisfaction for the Chinese elderly in

Calgary include activity level, levels of social support, health conditions, self-esteem, sense of mastery, English capacity, financial resources and several demographic variables such as gender, age, educational attainment, marital status, place of birth and ecological variables including length of migration and last place of residence. In the following, the relationships between these selected variables and life satisfaction of these Chinese elderly and their conceptual definitions are discussed.

In the present study, life satisfaction of the Chinese elderly immigrants is the dependent variable. Adopting the conceptual definition of Neugarten, Havighurst, and Tobin (1961), life satisfaction in this study is conceptualized as a multi-dimensional concept referring to the subjective perceived well-being by individuals towards their past and present life situations. For the purpose of this study, Chinese elderly immigrants refer to the immigrants who are ethnic Chinese and at the age of 65 or above.

Activity theory emphasizes the importance of active participation of older adults in different types of social, recreational, and physical activities. In this study effects of activity level for the elderly Chinese immigrants on their levels of life satisfaction are explored. By incorporating ideas from the various authors, activity level is defined as the frequency of participation by the respondents in various kinds of physical, social, and recreational activities.

From the person-environment transaction perspective, life satisfaction of the elderly depends on the amount of social support they can receive from the surrounding social environment so as to maintain their level of self-esteem (Schwartz, Snyder, & Peterson, 1984). At the same time, both self-esteem and sense of personal control or mastery are the general psychological resources which individuals can find useful in facing stresses as posed by both life and environmental events (Pearlin & Schooler, 1978). Therefore, social support, self-esteem, and sense of personal control or mastery are all treated as the independent variables of life satisfaction of the Chinese elderly immigrants in this study.

For the purpose of this study, social support is conceptualized as the amount and source of resources that individuals can obtain to fulfil their needs in life situations. Self-esteem was defined as self-acceptance and a basic feeling of self-worth (Rosenberg, 1965). In the present study, it is conceptualized as the subjective feelings by individuals towards their own images, worth, and abilities. It refers to the amount of self-perceived worth and abilities that one possesses towards oneself. Personal control is referred as the extent to which individuals consider their life as being under their own control (Pearlin & Schooler, 1978). For the purpose of this study, it refers to the self-perceived ability held by an individual to control or manipulate their own life situations.

The importance of health in explaining life satisfaction among the elderly is well supported in the studies discussed above. Therefore, health can be perceived as personal physical, biological and mental resources which supply individuals with the energies to continue their life and to meet the requirements placed on them by life events. In the present study, the concept of health will be measured from both the physical and psychological perspectives. Self-perceived health condition is also used to understand the health of the Chinese elderly under study.

Ability to speak English is critical to enhancing one's social ability and life adjustment in Canada where English is one of the mainstream languages. Therefore, abilities of the Chinese elderly immigrants in speaking, reading, writing, and listening to English are perceived to be important in explaining their levels of life satisfaction.

Adequate financial resources are also important. However, it is difficult to judge how much is adequate for different individuals whose perceptions may vary. The concept of self-perceived adequacy of financial resources is adopted in this study to assess the financial resources of the subjects interviewed. This has been considered as a relevant measure in assessing economic status of the elderly (McPherson, 1990, p.409).

Not all the Chinese elderly immigrants migrated from the same place. They may be from mainland China, Hong Kong, Taiwan or other places. With difference in the life styles and standard of living, elderly immigrants from different places may

adjust quite differently. This may also cause effects on their levels of life satisfaction. So, in this study, last place of residence before immigrating to Canada is considered to be one of the variables which may be associated with life satisfaction.

Length of residence or stay in the host country since immigration is also an important factor explaining the adjustment of many immigrants. The literature agrees that migrants go through different stages during resettlement. Some of the stages are characterized by higher level of mental health risks (Grinberg and Grinberg, 1984; Sluzki, 1979; Tyhurst, 1982). Similarly, studies also show that recent migrants are more vulnerable to mental disorder than the longer-term migrants (Alley, 1982; Guidote and Baba, 1980; Lasry and Signal, 1980). Therefore, in the present study, the effect of this variable on life satisfaction of the Chinese elderly immigrants is also explored.

The effects of various demographic variables such as gender, age, education level, place of birth and marital status on levels of life satisfaction of the Chinese elderly in this study are also examined. The relative contributions of these independent variables in explaining the dependent variable are also examined. In the next chapter, the research methodology and the instruments adopted to measure the variables are discussed.

## **CHAPTER FOUR**

### **METHODOLOGY**

#### **RESEARCH DESIGN**

The aim of this study is to understand the level of life satisfaction of aged Chinese immigrants. In order to obtain a picture from which generalizations can be made, the research took the form of a survey in which a small portion of the total population was studied. Survey research is regarded as a good method available to social scientists who are interested in collecting original data on a population which is too large to observe directly (Babbie, 1989). With probability sampling, the results generated can reflect those of the larger population. Besides, standardized data collection methods used in surveys also safeguard consistency in the format of responses from respondents.

The target population of this research study are the aged Chinese immigrants age 65 and above in Calgary, Alberta, Canada. It is not uncommon for many persons in this generation to be illiterate. Often, they are unable to read and write, not only English but also Chinese. Therefore, there might be serious problems for them to read the questionnaire and fill in the answers by themselves. Under such circumstances, personal interviews are much preferred so that responses by the subjects would not be limited by their reading and writing deficiencies. Furthermore,



the Chinese elderly are usually talkative and eager to share their past experience with the others, even strangers. By the use of a structured interview questionnaire, it is easier to have the interview process focused on specific topics. Finally, through the use of personal interviews in which face-to-face encounters with the respondents are possible, response rates can be high as 80% to 85%. Respondents are less likely to decline the face to face requests of an interviewer standing at their door (Babbie, 1989). With the presence of the interviewer, the "don't know" & "no answer" responses can be decreased. Probes can be made to ensure a response. Finally, the interviewer can serve as a guard against confusing questionnaire items, preventing misunderstanding, provide clarification, and obtain relevant responses. This also enables interviewers to obtain information more quickly; permits interviewers to be sure that the questions are interpreted properly while information can easily be checked with nonverbal cues of the respondents (Gorden, 1969). While interviewer bias may influence responses and multiple interviewers may bring variances affecting validity and reliability, a single interviewer helps to assure consistency in each of these areas.

## RESEARCH QUESTIONS

By examining life satisfaction of aged Chinese immigrants, it is hoped that their characteristics, needs, and problems can be identified. For the purpose of this study, the following questions are to be answered:

1. What is the level of life satisfaction among aged Chinese immigrants in Calgary?
2. What are the significant determinants of the life satisfaction of aged Chinese immigrants in Calgary?
3. What are the specific associations between the various determinants of life satisfaction among aged Chinese immigrants in Calgary?

## INSTRUMENTS

In this section, measuring instruments for the dependent variable and the various independent variables in this study are presented. Most of the instruments to be used are standardized measurements with high validity and reliability. However, as the targets of this research study are the ethnic Chinese, Chinese versions of these instruments were used. In order to ensure their levels of validity and reliability, all the instruments had undergone a process of forward and then backward translation. The instruments were first translated to the Chinese by the researcher. The resultant

Chinese version was then translated back to English by an independent bilingual social worker to ensure consistency.

## **Life Satisfaction**

Three types of instruments were used to measure life satisfaction as the dependent variable in this study. Among these three types of instrument, one was the Life Satisfaction Index (LSI-A) developed by Neugarten, Havighurst and Tobin (1961) which is a multi-dimensional measure assessing five components of the concept including zest (versus apathy), resolution and fortitude, congruence between desired and achieved goals, positive self-concepts, and mood tone. The instrument consists of twenty statements with which respondents agree or disagree. Among the twenty statements, twelve are phrased in positive wordings while the other eight are phrased in negative manner. Scores for the scale can be computed by summing up the numerically weighted answer for each statement.

The Life Satisfaction Index-A was developed especially for measuring life satisfaction levels of the elderly. It was initially used with 92 respondents who were a representative sample from a study population of 177 elderly subjects. To test its validity, Neugarten, Havighurst and Tobin correlated the scores of the instrument with expected ratings, the Life Satisfaction Ratings (LSR). The correlations of .55 was found which indicated a moderate level of content validity. Wood, Wylie, and

Sheafor (1969) also reported a correlation of .57 between the modified version of the instrument with the LSR. In another validation study by Lohmann (1977), the convergent validity of the Life Satisfaction Index-A was established by correlating with six other frequently used measures of life satisfaction, adjustment, and morale. This study was done with a cluster randomized sample of 259 elderly at the age of 60 or above. Significant correlations were reported between the LSI-A and the single-item global measure (.47), the Cavan Adjustment Scale (.792), and the Philadelphia Geriatric Center Morale Scale (.762). The correlations between the revised version of the instrument and some other measures ranged from .385 to .883 (Lohmann, 1977). In a more recent study by Lee and Chi (1990), another revised version of the Life Satisfaction Index-A was applied to a randomized sample of 1,172 Chinese elderly. The significant inter-item correlations with the scale showed a good level of internal consistency for the instrument to be used with Chinese respondents while its applicability of applying to Chinese elderly was also witnessed.

Reliability of the instrument was also examined among samples of elderly persons. Wood, Wylie and Sheafor (1969) found the Kuder-Richardson 20 reliability for the modified version of the LSI-A to be .79. Adams (1969) used the D values (discrimination value) and a biserial correlation between the mean of each item and the mean score for the entire sample to testify its reliability. It was reported that all items, except item 11, fell within the acceptable range of the D values, while the

biserial correlation test indicated all items except items 11 and 14 were reliable. In the present study, a reliability test of the 20-item instrument earned a Cronbach's alpha of .78 which indicated a high level of internal consistency for its application to the Chinese elderly.

Another instrument used to assess the level of life satisfaction of the elderly was a single-item measure evaluating the global satisfaction level of the respondents. Respondents were asked to indicate their levels of satisfaction from very dissatisfied to very satisfied in the question, "In general, how satisfied are you with your life?"

The application of the single-item indicator has been reported in various large scale studies (Sauer & Warland, 1982). Its validity has also been established. In a study of 641 elderly people at the age of sixty and older, a correlation of .4 was reported with the Life Satisfaction Index-A of Neugarten, Havighurst, and Tobin (1961). Besides, a correlation of .38 was reported with the Philadelphia Geriatric Center Morale Scale (Sauer & Warland, 1982). In the study by Lohmann (1972), the single-item satisfaction indicator only reported to have correlations from .24 to .47 with the nine other different measures or scoring systems of life satisfaction. The reliability of this type of single-item measure was examined in a number of studies. In the one by Wilson (1960), a test-retest correlation of .7 was reported in one-month interval while .67 was reported for a two-year interval. Bradburn and Caplovitz (1965) reported a Kendall's tau of .43 at an eight-month

interval while Robinson (1973) reported a Kendall's tau of .59 for over four to six-month interval. However, all these reliability tests were on the single-item measure in studies with samples from diversified age groups rather than just the elderly.

Despite the limitations in validity and reliability of the single-item measure, it is still one of the most commonly used instruments in life satisfaction studies in view of its simplicity in application and clarity in face validity. Therefore, this single-item indicator was used as a supplementary measure in assessing the life satisfaction of the Chinese elderly. In the present study, a significant correlation of .32 was recorded between the single-item measure and the Life Satisfaction Index-A.

The final type of instrument used in this study to measure life satisfaction levels of the Chinese elderly was a comparative approach measure in which respondents were asked to compare their present level of life satisfaction with that of five years ago and before they arrived in Canada. Respondents were asked to choose their answers along a five-point continuum from much less satisfied to much more satisfied. Rather than directly measuring the current level of life satisfaction of the respondents, the comparative approach helps to understand how they evaluate their current level of life satisfaction in comparison to the past. It might not be able to indicate the actual situation of the respondents in terms of their life satisfaction. Therefore, the two comparative questions used in this study served a descriptive

function of providing information about life satisfaction conditions for the Chinese elderly rather measuring the actual levels of their life satisfaction.

## **Social Support**

Social support can be related to both the extent of the social network and the intensity of support that respondents receive. In this study, information about the social support of the respondents was measured by two instruments. The first one was an index formulated by summing the scores of respondents in the eight questions on marital status, living arrangements, number of children, number of children in Calgary, frequency of meeting with children, number of friends that the respondents visit, frequency of talking with friends or relatives on the phone, and frequency of social gathering with friends or relatives. The higher the score, the higher the level of social support possessed by the respondents. For the purpose of this study, this is called the Support Index-A (SIA). Reliability analysis to assess the reliability of the scale was performed. Cronbach's alpha, a reliability coefficient used to indicate the internal consistency of the items that make up the scale, was obtained. A Cronbach's alpha of .6 shows an acceptable level of internal consistency representing an acceptable level of reliability for the scale in this study.

Another instrument used to assess level of social support consisted of three questions used by Wan and his associates in a needs assessment study of the elderly

(Wan et al., 1982). They include: 1) Do you have someone you can trust and confide in? 2) Is there anyone who would give you any help at all if you were sick or disabled? 3) Is there someone who would take care of you as long as you needed help? Respondents were requested to choose their answers for each question among the choices of 'no', 'maybe', and 'yes' which represent scores of one to three. The total scores of all these questions thus formed a scale of social support which ranges from three to nine, with nine representing the highest level of social support. In this study, this index is called the Support Index-B. In the present study, the internal consistency of the scale was found to be quite high with a Cronbach's alpha of .79 as an indication of the scale's reliability.

## **Health**

The concept of health is complex and difficult to measure as it involves both objective and subjective aspects. Accurate evaluation of one's health may often involve assessment by medical professionals. In view of limitations in resources and the nature of the present research design, assessing health status of the respondents by medical professionals was not practical.

Therefore, in this study a self-reported approach was adopted in which health information was obtained by asking the respondents themselves. Despite the advantages of ease and convenience in administration, this approach possesses



several limitations. First, the respondents might not have the adequate medical knowledge to accurately determine their health. Secondly, respondents might over-exaggerate or underestimate the seriousness of the health problems they have. Finally, respondents might not be able to report health problems they are not aware of, especially those which have not been verified by the medical doctors. Therefore, caution is needed in the interpretation of the results obtained.

In the present study, four standardized measures were used to assess the health status of the Chinese elderly immigrants. These instruments measured the functional capacity, general health, psychological health, and the self-perceived health of the respondents.

To measure the functional capacity of the elderly respondents, the adapted version of the Activities of Daily Living Scale (ADL) developed by Katz et al. (1963) was used. This scale was constructed to measure the ability of the elderly to manage six physical functions in their daily lives. The original instrument consists of six observational items and summarizes the elderly's performance in bathing, dressing, toileting, transferring, continence, and feeding. A trained observer is responsible for rating the performance of the elderly in these six functions to see whether they are able to perform the activities independently or with human help. Scores from these items were reported along a Guttman scale. The scale was reported to have high reproducibility with a coefficient of .948 for patients in a home care study and .976

for samples from sheltered housing (Sherwood, Morris, Mor, & Gutkin, 1977). Rather than using the Guttman scale, the ADL scale had also been scored in form of a Likert-type scale with each item assigned points according to a defined decision rule (Kane & Kane, 1981).

In the present study, a modified version of the ADL Scale was used. This modified version was used by Wan and his associates (Wan et al., 1982) in assessing the physical well-being of the elderly. The revised version of the instrument is preferred in this study because the items of continence and toileting which might cause embarrassment to the respondents are replaced by walking and grooming. Respondents were thus asked to rate their capacity to perform these six items on a three-point scale of "being able to do the task without any help", "being to do the task with some help", and "completely unable to do the task". The sum of all six items then formed a total score used to describe the ADL activities.

To assess the psychological health of the respondents, an adapted version of the psychiatric evaluation schedule of Pfeiffer (1975) which had been used by Wan and his associates (Wan, et. al., 1982) in their research was adopted for this study. The instrument is used to identify the presence of fifteen psychological symptoms and an index can be formulated from the scores obtained by each respondent. In its present application, the possible scores of the scale can range from fifteen to thirty, with the higher the score the fewer psychological symptoms experienced by the

respondents thus representing a healthier condition. The reliability of this instrument in this study was also found to be high with a Cronbach's alpha of .83.

The instrument used to assess the general health conditions of the respondents in this study was the General Health Index (GHI) constructed by Lam (1986). The GHI was constructed originally for examining the general health of the Chinese elderly in Hong Kong. Its high reliability coefficient with a Cronbach's alpha of .85 has indicated a quite high internal consistency. The index consists of nine items measured on a three-point scale of 'no', 'it depends', and 'yes'. Each item may thus carry a score range of zero to two. The possible total scores for the nine items can be from zero, which means very poor health, to 18, which represents very good health. To avoid habitual responses, the statements in the instrument are phrased both positively and negatively. In the present study, internal consistency of the scale was also found to be high, with Cronbach's alpha of .86.

In addition to the above three instruments, health status of the respondents was also assessed through a question measuring the self-perceived health status in which they were asked to compare their health with those of the others at their age.

### **Activity Level**

To measure the activity level of the Chinese elderly immigrants, consideration has to be given to their cultural background and characteristics. Therefore, in order

to fit the characteristics of this ethnic minority group, caution must be exercised when adopting standardized measurements developed mainly for studying the persons of Caucasian background.

In the present research, a modified version of the measurement used by Wan and his associates (Wan et al., 1982) in a survey of the elderly was adopted. Items in the scale were modified so that they could suit the lifestyles and customs of the ethnic Chinese. For example, activities that may be of interest or custom to the Chinese, such as playing mahjongg, tai chi, or going for tea, were added to the instrument. Again, the forward and backward translation process for the instrument had also been gone through to ensure its validity.

The instrument used consists of sixteen items. The first fourteen items are activities that respondents were asked to indicate how often they would take part in. The respondents were requested to indicate their choice in each item among 'never', 'sometimes', and 'often', represented by scores from one to three.

The fifteenth item requests that respondents tell the number of clubs or organizations that they belonged to. Score was given to the answer they chose with one point for 'none', two points for 'two to three', and three points for 'three or more'. In the last question, respondents were asked how often they would attend the meetings or activities of the clubs or organizations that they belonged to. Again, as

the first fourteen statements, one point was assigned for the answer 'never', two points for 'sometimes', and three points for 'often'.

Summation of all the scores in these sixteen items thus formed the activity level index which ranges from 16 to 48 with 16 representing the lowest level of participation in activities and 48 indicating the highest level on the continuum. In its application to the Chinese elderly in the present study, an acceptable level of reliability of the instrument with a Cronbach's alpha of .67 was obtained.

### **Self-Esteem**

Self-esteem can be referred to as the evaluation and perception of oneself by oneself. Rosenberg (1965) referred to it as a basic feeling of self-worth held by an individual. In this research, self-esteem of the Chinese elderly was measured by the use of Rosenberg's (1965) Self-Esteem Scale.

The instrument consists of ten items. The respondents are requested to rate their opinion concerning each statement about themselves on a four-point continuum from strongly agree to strongly disagree. Among the ten items, five are phrased positively while the remaining five are phrase negatively. This Self-Esteem Scale was originally developed by Rosenberg (1965) to measure the self-esteem of adolescents. However, it has also been used in several large scale studies of older adults (Atchley, 1969; Atchley, 1976; Cottrell & Atchley, 1969).

In the retirement survey by Atchley (1969), the scale was used with 1,385 male and 3,167 female retirees in Ohio. In another study by Kaplan and Pokorny (1969), the instrument was administered to 500 respondents aged 30 to over 60. Among the total respondents, 135 of them were over 50. In a later study of Ward (1977), the instrument was used again with 323 non-institutionalized residents in Wisconsin in the United States wherein their age ranged from 60 to 92.

Rosenberg (1965) reported the scale to have a reproducibility coefficient of .92 and a scaleability coefficient of .72. Silber and Tippet (1965) reported test-retested correlations of .85, while Ward (1977) also noted a high internal consistency by obtaining a Cronbach's alpha of .74.

The validity of the instrument is also well-documented. For example, Rosenberg (1965) reported a significant correlation between self-esteem and depression among a sample of 150 volunteers. In the same year, Silber and Tippet (1965) noted the correlations of this instrument with some other similar measures and clinical ratings to be in the range of .65 to .83. Kaplan and Pokorny (1969) further performed a factor analysis of the ten items and reported that seven items showed factor-item correlations from .37 to .77.

Various scoring procedures exist for the self-esteem scale of Rosenberg (1965). Originally, the instrument was scored on a Guttman scale (Rosenberg, 1965). In the study by Ward (1977), a four-point response from strongly agree to strongly-

disagree was used so that the scores from the ten statements yielded a total self-esteem score ranging from 4 to 40. However, because the respondents in this study were elderly and might have problems in answering a four-point continuum, a two-point scoring of agree or disagree was used. A score of two was given for 'agree' in the positive statements and 'disagree' for the negative statements. Summation of all the scores in the ten items yielded an overall self-esteem score from 10 to 20. The higher the score obtained, the higher the level of self-esteem in the respondents. Despite the modification in the scoring method, the scale applied in this study still obtained a high level of internal consistency with a Cronbach's alpha of .8, meaning that the reliability of the scale could still be maintained.

### **Sense of Personal Control**

Sense of personal control or mastery has been considered to be one of the psychological resources that people draw upon to help themselves withstand the threats and pressures in their environment (Pearlin & Schooler, 1978). It can be

regarded as a set of personality characteristics which refer to the extent to which an individual considers his or her life to be under one's own control or that of external factors (Pearlin & Schooler, 1978).

In this research, the sense of personal control or mastery of the Chinese elderly immigrants was measured by the sense of mastery instrument constructed by Pearlin and Schooler (1978). This measure consists of seven statements with which respondents are asked to indicate how strongly they agree or disagree. Among the seven statements, wordings in two of them are phrased in a negative pattern, and the remainders are positively phrased. The scale has been factor analyzed, with their face and content validity well established.

To assess the sense of mastery of the Chinese elderly sample, a translated Chinese version was used with some modifications in scoring methods so as to facilitate responses by the respondents in this study. Answers to each statement were scored on a three-point scale of 'no', 'it depends', and 'yes' which yielded the scores ranging from one to three for the positive statements and three to one for the negative statements. The total score of the scale would thus be from seven to twenty-one. The higher the score, the stronger one's sense of personal control. Reliability testing indicated a high level of internal consistency for this seven-item scale with a Cronbach's alpha of .83 in its use with the Chinese elderly in this research.



## **English Capacity**

A standardized test to assess the English capacity of Chinese elderly is unavailable. Therefore, for the purpose of this research study, an instrument for evaluating the respondents's self-reported English capacity was constructed. The instrument consists of four questions asking the Chinese elderly their self-reported ability in reading, writing, speaking, and listening to English. The score in each question can range from one point for 'not at all', two points for 'a little bit', and three points for 'quite well'. A self-reported level of English capacity can thus be obtained by summing the scores of the respondents in these four questions. The total scores on the scale would range from 3 to 12 with higher scores representing relatively higher levels of English capacity. Other than the face validity that the scale presented in the four questions, the internal consistency of the scale was also found to be high with a Cronbach's alpha of .91.

## **Financial Adequacy**

Another independent variable which might explain life satisfaction of the Chinese elderly immigrants was assessed by a question asking respondents to indicate their self-perceived level of adequacy with reference to their financial resources. The respondents were requested to choose their answer on a five-point continuum from

very insufficient to very sufficient. A higher score in this question represents a higher level of self-perceived financial adequacy of the respondents.

## **Personal Background**

Questions used to collect information about the personal background of the respondents included: gender, age, education level, length of time lived in Canada, last place of residency before migrating to Canada, place of birth, type of immigrant category, sources of income, marital status, living arrangement, and number of children.

A structured questionnaire consisting of seven parts was composed. It includes all measuring instruments mentioned above (see Appendix I). The Chinese version of the questionnaire was used in the study (see Appendix II). The content of the questionnaire included the following sections:

1. Personal background of respondents, English Capacity Index, and Support Index-A
2. Activity Level Index
3. Revised version of ADL, index of psychological health, general health index, and self-perceived health condition measure
4. Support Index-B
5. Self-Esteem Scale

6. Sense of Mastery Scale
7. Life Satisfaction Index-A, global measure of life satisfaction, and comparative level of life satisfaction measure

The questionnaire was pre-tested with five Chinese elderly drawn from the actual sample frame and three Chinese seniors living with their relatives in the community. It was administered by the researcher before the final interview schedule was used. Except for a few items which required further verbal clarification by the researcher during the interview, the questions were understandable to all the respondents in the pre-test. The time required for each interview ranged from 40 to 50 minutes, with most being completed within 45 minutes. Since all the interviews in this study were performed by the researcher and all the questions used were closed-ended and asked in the Chinese dialect of the respondents, the uniformity of the interviews could thus be ensured as far as possible.

## **TARGET POPULATION**

This research studied life satisfaction of Chinese elderly immigrants in Calgary. According to the 1986 federal census, there were 26,175 Chinese living in the city (Statistics Canada, 1986). However, no official data about the number of Chinese elderly can be found. By contacting Statistics Canada and the City Clerk of Calgary, it was confirmed that no formal statistics on the number of Chinese elderly

in the city could be found. In a recent study launched in August 1988 to explore the needs of the aged Chinese in Calgary (Lam et al, 1991), an effort was made to identify as many Chinese elderly in Calgary as possible through making phone calls to all households with Chinese last names in the telephone directory. Altogether, 9,382 calls were made and 2,254 Chinese aged 55 and above were located. Among them, 1,315 were at the age of 60 and above. Despite the rapid increase in Chinese population in the city, and having considered the factors of internal migration within the country and the natural growth and death rates, it is speculated that the total population of the Chinese elderly at the age of 65 and above in Calgary would be around 2,500.

In the present study, the target population is the Chinese elderly immigrants living in Chinese senior residences in Calgary. Originally, to have a comprehensive view and understanding of the target population, a randomized sample drawn among all the aged Chinese immigrants in Calgary was deemed necessary. However, several barriers prevented execution of an ideal design.

First, in order to obtain a randomized sample from the total population, a complete list of all the aged Chinese immigrants in Calgary is required. Such a list does not exist. Besides, approaching Statistics Canada and the City Clerk reveals that no exact data or statistics about the total number of Chinese at the age of 65 and above is available. This makes the task of obtaining a truly randomized sample close

to impossible. Finally, in view of limited resources, both time and financial, a randomized survey of aged Chinese immigrants in the city is unrealistic. Under these circumstances, the focus of this study is limited to Chinese elderly immigrants living in the Chinese senior housing facilities in Calgary.

In Calgary, there are three senior housing facilities for the Chinese elderly. They are the Oi Kwai Place, Wai Kwai Place, and the Wah Ying Mansion. All are located in Chinatown, a downtown area in the city of Calgary. Seniors must be 65 years old or above to be eligible to live there. As subsidized housing facilities, the rent for units is calculated according to the income of the residents. Altogether, the three residences consist of 285 apartment units, 56 in Oi Kwai Place, 126 in Wai Kwan Place, and 103 in Wa Ying Mansion.

## **SAMPLING PROCESS**

With assistance from the management offices of the three senior housing residences, a complete list of all the apartment units was obtained. By simple random sampling, 95 housing units or 33.3% of the total list of apartments were drawn. Each unit was then visited by the researcher and the elderly person in the selected household invited to participate. For units in which only one senior was living, that person was interviewed. In units occupied by couples, the respondent to be interviewed was determined by the last digit of the unit number. In households with

a unit number ending in an odd digit, the male was selected to participate in the interview. If the unit number ended with an even digit, the female was invited to participate. If no one was at home, three visits would be paid until the respondent could be approached.

By this sampling method, 81 respondents were successfully interviewed. Among the fourteen non-response cases, three of them declined the interview request, while the other 11 could not be contacted. Therefore, the overall response rate was 85.3% with the 81 successfully completed interviews representing 28.4% of the total households.

## **DATA COLLECTION**

Data was collected from December 9, 1991 to January 23, 1992 through personal interviews using the structured questionnaires. To ensure consistency in wording and notation, all interviews were conducted by the researcher in a dialect familiar to the respondent. Dialects included Cantonese, Mandarin, and Toishan.

One week before interviews began, with the assistance of the management of the three apartment buildings, residents were notified of the purposes of the research by a public notice in Chinese, posted in the hallways and outside the elevators of each building. Selected households were phoned by the managers. Before each interview, the purposes of the research was explained to each subject. A Chinese

version of the informed consent (Appendix III) was obtained from each respondent before the interview took place. Respondents were also assured of their freedom of choice in participating in the study and the confidentiality of the information they had provided.

## **DATA ANALYSIS**

All completed questionnaires were coded and an SPSS-PC (Statistical Package for Social Sciences PC Version) data file was created. For the purposes of this study, data analysis processes involved the following steps:

1. Frequency distributions on all variables in the study were computed.
2. Scales or indexes measuring life satisfaction, activity level, social support, health conditions, self-esteem, and sense of mastery were computed.
3. Reliability tests were performed for all the scales and indexes to ensure the level of internal consistency of the instruments.
4. Descriptive statistics were calculated on all these variables.
5. One way analysis of variance was performed to examine the significant differences existing in levels of life satisfaction among respondents with different socioeconomic background.
6. Pearson correlation coefficients were computed to examine the relationships between levels of life satisfaction and the various independent variables

measured at interval and ratio levels. The value of the Pearson correlation coefficient would range from -1 to +1 thus explaining both the strength and direction of the association.

7. Regression analysis was performed to examine the relative effects of the various independent variables on the dependent variable.



## **CHAPTER FIVE**

### **CHINESE ELDERLY IMMIGRANTS IN CALGARY**

Among the 95 selected sample households, three refused to be interviewed, while 11 could not be contacted. Eighty-one Chinese elderly immigrants were interviewed yielding an overall response rate high of 85.3%. In this chapter, the basic characteristics of the Chinese elderly immigrants are presented along with socioeconomic background, levels of life satisfaction, and scores on selected variables, namely activity level, health conditions, social support, self-esteem, and personal control. The outcome results are briefly discussed.

#### **SOCIOECONOMIC BACKGROUND**

##### **Sex of the Respondents**

Frequency distributions of the gender of the elderly Chinese immigrants are presented in Table 2. It shows that most of the respondents interviewed (71.6%) are female. It represents a common phenomenon among the elderly population in which males are less in evidence than females because of their differences in life expectancy.

Table 2: Distribution of the Respondents by Sex

Sex	f	%
Male	23	28.4
Female	58	71.6
Total	81	100

### Age of the Respondents

Actual age of each respondent was recorded. Results show that the Chinese elderly immigrants interviewed in this study aged from 65 to 96. The mean age is 76 with the standard deviation of 6.74 years. To re-group their age distribution, results in Table 3 show that most of the respondents are within the age range of 65 to 75 years of age while respondents from the older age groups are fewer in number.

Table 3: Distribution of the Respondents by Age

Age	f	%
65 to 75 years old	43	53.0
76 to 85 years old	32	39.5
86 years old and above	6	7.5
Total	81	100.0

### Educational Attainment

Respondents were asked to indicate their highest level of education attainment. In Table 4, the different levels of education are presented. Education was

not common for these older adults in the past. Therefore, among the 81 respondents, over 40% of them did not receive any formal education at all. This also explains the reason why most of the Chinese elderly cannot read any English while many of them cannot read Chinese either.

Table 4: Distribution of the Respondents by their Educational Attainment

Level of Education	f	%
No formal education	36	44.4
One to six years	26	32.1
Seven to Thirteen years	16	19.8
Post high school	2	2.5
Four years college completed	1	1.2
Total	81	100

### **Length of Residency in Canada as Immigrants**

Immigrants must have settled in Canada for at least three years before they can apply for Canadian citizenship. In the present study, nearly all the respondents interviewed had been in Canada for over three years. Table 5 presents the distribution of respondents by length of residency in Canada.

Table 5: Distribution of the Respondents by their Length of Residency in Canada

Length of Residency	f	%
Less than 3 years	1	1.2
3 to 10 years	20	24.7
11 to 20 years	32	39.5
21 to 30 years	12	14.8
Over 30 years	16	19.8
Total	81	100

### Place of Last Residency

Among the Chinese elderly immigrants interviewed, over half of them (56.8%) migrated from Hong Kong while 30.9% were from Mainland China. The remaining 10 respondents were from other countries, mainly Vietnam and Singapore. The detailed distribution is presented in Table 6.

Table 6: Distribution of the Respondents by their Last Place of Residency

Last Place of Residency	f	%
Hong Kong	46	56.8
Mainland China	25	30.9
Other	10	12.3
Total	81	100

### Place of Birth

Although most of the Chinese elderly immigrants migrated from Hong Kong (Table 6), nearly all of them were born in Mainland China (Table 7). Table 7, shows

that the elderly immigrants interviewed, were predominantly born in China (96.3%). Thus, many of the elderly Chinese in this study had experienced immigration at least twice in their life. It is not uncommon for them to have migrated from Mainland China to Hong Kong in their early years and then to have come to Canada from Hong Kong when they grew older.

Table 7: Distribution of the Respondents by their Place of Birth

Place of Birth	f	%
Hong Kong	3	3.7
China	78	96.3
Total	81	100

### Immigrants Category

Among the Chinese elderly immigrants in this study, nearly all of them were sponsored immigrants (92.6%). According to their descriptions, most of them were sponsored by their children while some of them were sponsored by their spouses. Distribution of their immigrant categories of the respondents is presented in Table 8.

Table 8: Distribution of the Respondents by their Immigrant Categories

Immigrant Categories	f	%
Retirement	1	1.2
Sponsored	75	92.6
Independent	2	2.5
Other (Refugees)	3	3.7
Total	81	100

### Employment and Sources of Income

None of those elderly Chinese interviewed were presently employed. The respondents were asked to indicate sources of incomes that they had during the past year. Results of the distribution are presented in Table 9. The Canadian Old Age Pension is the main source of income for Chinese elderly immigrants. Besides, Old Age Pensions, many of the elderly received social assistance and assistance from relatives. Twelve percent list income from personal sources.

Table 9: Distribution of the Respondents by their Sources of Income

Sources of Income*	f	%
Personal Pensions	4	4.9
Savings	4	4.9
Income from Assets	2	2.5
Contributions from Relatives	21	25.9
Social Welfare	29	35.8
Canadian Old Age Pension	62	76.5

\* Each respondent could have more than one source of income.

### Self-Perceived Financial Adequacy

Self-perceived financial adequacy was explored in this study as it might affect or explain the levels of life satisfaction of the aged Chinese immigrants. In the interview, respondents were asked whether they perceived their financial assets and resources to be sufficient for their daily expenses. The levels of self-perceived financial adequacy of the respondents are presented in Table 10. Results show that although over half (51.9%) of the Chinese elderly immigrants regarded their financial resources to be somewhat sufficient, there is still quite a large number (32.1%) who consider their financial situation to be marginal. Finally, over 13% acknowledged having financial difficulties.

Table 10: Distribution of the Respondents by their  
Level of Self-Perceived Financial Adequacy

Level of Financial Adequacy	f	%
Somewhat Insufficient	11	13.6
Just Sufficient	26	32.2
Somewhat Sufficient	42	51.9
Very Sufficient	2	2.5
Total	81	100

## Marital Status

Most of the elderly respondents (61.7%) interviewed were widowed, while 37% of them were married. Distribution of marital status of the respondents is shown in the Table 11.

Table 11: Distribution of the Respondents by their Marital Status

Marital Status	f	%
Widowed	50	61.7
Divorced/Separated	1	1.2
Married	30	37.1
Total	81	100

## Living Arrangement

As all the elderly immigrants interviewed in this study are residents of the senior housing facilities, they are all either living alone or with their spouse in their housing units. Among the sample subjects interviewed, over half of them (65.4%) lived by themselves (Table 12). This can be explained by the fact that most of the respondents in the study are widowed. A discrepancy of two persons can be observed in the number of respondents living with spouse and the number of respondents married in Table 11. The reason for this is that two respondents have spouses living in China and Hong Kong respectively.



Table 12: Distribution of the Respondents by their Living Arrangement

Living Arrangement	f	%
Living Alone	53	65.4
Living with Spouse	28	34.6
Total	81	100

### Number of Children

The respondents were asked the total number of living children they had. Results show that except for one elderly person, all the other 80 respondents have children. The mean was 3.37 with the range from zero to ten.

### Number of Children in Calgary

Respondents were also asked to indicate the total number of children living in Calgary. The distribution of the results is presented in Table 13. The mean number of children that the respondents have is 1.99 with its range from zero to seven. Among the respondents, nearly half of them (49.4%) have at least one child living in Calgary.

Table 13: Distribution of the Respondents by  
the Number of Children Living in Calgary

Number of Children in Calgary	f	%
None	5	6.2
One	40	49.4
Two	12	14.8
Three	13	16.0
Four and Above	11	13.6
Total	81	100

### Frequency of Meeting with Children

In order to understand the intensity of social interactions with their support resources, respondents were asked to indicate how often they would see any of their children. Results in Table 14 show that over half of the respondents (56.8%) see their children one or two times per week. There are four (4.9%) who never see their children. Among these four respondents, one does not have any children.

Table 14: Distribution of the Respondents by  
the Frequency of Seeing their Children

Frequency of Seeing Children	f	%
Daily	4	4.9
Several times a week	1	1.2
Once or twice a week	46	56.8
Once or twice a month	14	17.3
Several times a year	10	12.4
Once a year	2	2.5
Never	4	4.9
Total	81	100

### Number of Friends Paying Visits To

Respondents were asked the number of friends who visit them in their home. Results in Table 15 show that most, 63% do not have any friends who would visit. There may be two reasons for this. First, most of the respondents would rather go out with their friends than have them pay visits to their home. Secondly, their friends who are about the same age might be living under the same roof with their children or grandchildren. Paying visits to them might not be so convenient.

Table 15: Distribution of the Respondents by the Number of Friends they would visit

Number of Friends	f	%
None	51	63.0
One to two	11	13.6
Three to five	15	18.5
Six or more	5	4.9
Total	81	100

### Frequency of Talking on the Phone

A question was asked to see how many times in the past week the respondents had talked on the phone with the relatives or friends who were not living with them. Table 16 shows that 72.8% of the respondents had talked with their relatives or friends on the phone between two and six times in the past week. This indicates that although the elderly Chinese are living by themselves in Chinatown area, they still maintain frequent contact with their support resources.

Table 16: Distribution of the Respondents by the Frequency of Talking with Others on the Phone

Frequency of Talking on Phone	f	%
None	17	21.0
Once	1	1.2
Two to six times	59	72.9
Once a day or more	4	4.9
Total	81	100

## Frequency of Social Gatherings

Respondents were asked how many times they had social gathering of any type with their relatives or friends. Results presented in Table 17 show that most of the Chinese elderly immigrants maintain a fair high level of social contacts and gatherings with others. Most of them (72.8%) had social gathering with others two to six times in the past week. Yet, 14 (17.3%) reported to no social contact with the others at all.

Table 17: Distribution of the Respondents by the Frequency of Social Gatherings

Frequency of Social Gatherings	f	%
None	14	17.3
Once	4	4.9
Two to six times	59	72.9
Once a day or more	4	4.9
Total	81	100

## English Capacity

English capacity is another independent variable which might affect the level of life satisfaction of the aged Chinese immigrants. In this study, English capacity of the respondents was measured by asking their self-perceived abilities in English in terms of speaking, writing, reading, and listening. The scores of these four questions were added together to form an index of English capacity which would range from

four to twelve. Respondents with the score of four are those with lowest level of English capacity while those with higher scores on the scale are better in their English capacity.

Results indicate that the mean score of English capacity of the Chinese elderly immigrants interviewed is 4.47 with the standard deviation of 1.14. The distribution of their scores is presented in Table 18. Over 82% of the respondents in this study were found to know no English, whether spoken, written, read, or heard.

Table 18: Distribution of the Respondents by their English Language Capacities

Score Distribution	f	%
4	67	82.7
5	2	2.5
6	6	7.4
7	0	0.0
8	6	7.4
Total	81	100

## LIFE SATISFACTION OF THE RESPONDENTS

In this research, life satisfaction of the aged Chinese immigrants is the dependent variable to be examined. For the purposes of this study, three measurement approaches were used to assess level of life satisfaction.

First, a single-item instrument asking the respondents to indicate their present level of life satisfaction was used to measure the global level of life satisfaction

experienced by the Chinese elderly immigrants. The second approach used was comparative. Respondents were asked to rate their levels of satisfaction in comparison with the time before they migrated to Canada and the time of five years ago. The third approach was the use of a multi-dimensional measure of life satisfaction. As discussed earlier, the Life Satisfaction Index-A of Neugarten, Havighurst, and Tobin (1961) consisting of 20 agree-disagree items was used.

### Global Level of Satisfaction

Results of the overall satisfaction of the Chinese elderly immigrants assessed by the single-item measure on global level of life satisfaction are shown in Table 19. The overall level of life satisfaction experienced by the Chinese elderly immigrants in this study appears to be quite high. When asked about how satisfied they were with their life in general, over 70% indicated they were somewhat satisfied while only three respondents acknowledged being somewhat dissatisfied.

Table 19: Distribution of the Respondents by their Global Level of Life Satisfaction

Level of Life Satisfaction	f	%
Very Dissatisfied	0	0
Somewhat Dissatisfied	3	3.7
Average	5	6.2
Somewhat Satisfied	57	70.4
Very Satisfied	16	19.7
Total	81	100

## Comparative Satisfaction

Two questions were used to measure the comparative level of life satisfaction of the respondents. In one question, respondents were asked to indicate how satisfied they were if they compared their life to a time before they migrated to Canada, with life at present. Distribution of the results is shown in Table 20.

Table 20: Distribution of the Respondents by their Level of Comparative Satisfaction before they migrated to Canada

Level of Satisfaction	f	%
Much less satisfied	1	1.2
Somewhat less satisfied	13	16.1
The same	12	14.8
Somewhat more satisfied	26	32.1
Much more satisfied	29	35.8
Total	81	100

Results indicate that most of the respondents (35.8%) considered their life to be much more satisfactory when compared with the time before they migrated to Canada. Together with those who chose the answer of somewhat more satisfied, over half (67.9%) of the sample valued their life in Canada more than they did in other places before. The most common reason mentioned by the respondents in the interviews was that the welfare services for the elderly in Canada were better than they would have expected in their homeland.



Another question used to evaluate the comparative level of life satisfaction of the respondents was to ask them to compare their current life with their life five years ago. Results in Table 21 indicate that over half of them (50.6%) considered their current life to be as satisfying as five years ago. Besides, 38.3% reported to be more satisfied and 11.1% were somewhat less satisfied.

Table 21: Distribution of the Respondents by their Level of Comparative Satisfaction five years ago

Level of satisfaction	f	%
Much less satisfied	0	0
Somewhat less satisfied	9	11.1
The same	41	50.6
Somewhat more satisfied	26	32.1
Much more satisfied	5	6.2
Total	81	100

### Dimensional Life Satisfaction

The third instrument used to assess the levels of life satisfaction of the Chinese elderly immigrants in this study was the Life Satisfaction Index-A (Neugarten et al., 1961). It consists of twenty statements with which the respondents are asked to indicate their answers of agree or disagree. The scale of the index ranges from zero to twenty with higher scores representing higher level of life satisfaction. Results indicate that the reliability of the scale is high with an alpha coefficient of .78 in its

application with the Chinese elderly immigrants. The mean score for the respondents was 13.1 with the standard deviation of 3.47. Overall, the level of life satisfaction of the elderly Chinese immigrants as measured by the LSI-A, can be regarded as moderately high with over half of the respondents scoring above the mean score. Results in Table 22 indicate that among the 81 respondents, over 30% of them obtained the scores between 16 and 20 in the scale while only four of them scored five or below.

Table 22: Distribution of the Respondents by their Scores on the LSI-A

Scores	f	%
5 and Below	4	4.9
6 to 10	12	14.8
11 to 15	40	49.4
16 to 20	25	30.9
Total	81	100

## ACTIVITY LEVEL

Activity level of Chinese elderly immigrants was another independent life satisfaction variable examined. In this study, the activity level of the respondents was measured by a modified version of the instrument used by Wan and his associates (Wan et al., 1982). The instrument contains 16 items and generates an activity index

ranging from 16 to 48. Participation levels of the respondents for various activities of the scale are showed in the Table 23.

Results indicate that among the activities which make up the activity index, working on house chores is participated in by most, followed by shopping or window-shopping. On the other hand, the activities participated in least by the Chinese elderly are going to movies and doing volunteer work.

The activity level is formed by adding up the scores of respondents for the 16 activity items. The score for each item represents the frequency of their participation in this activity with the range from never (1) to often (3). In this study, the reliability of the activity level index to be used was found to be high with the alpha coefficient of .67. The mean score for the subjects interviewed is 31.46 with the standard deviation of 4.74. This means that overall, the Chinese elderly immigrants in this study tend to maintain moderate activity levels.

Table 23: Distribution of the Respondents by their Participation in Various Activities

Types of Activities	Participation Level (%)			% Total
	Never	Sometimes	Often	
Reading	51.9	8.6	39.5	100
Watching television	12.3	19.8	67.9	100
Going out for walks	13.6	24.7	61.7	100
Gardening	43.2	6.2	50.6	100
Going to movies	97.5	2.5	0	100
Playing cards/chess/mahjongg	69.1	13.6	17.3	100
Playing sports	29.6	8.7	61.7	100
Working on own hobby	63.0	27.1	9.9	100
Working on house chores	4.9	14.8	80.3	100
Shopping or window-shopping	8.7	22.2	69.1	100
Chatting with others on phone	3.7	43.2	53.1	100
Going for tea/coffee	33.3	37.0	29.7	100
Participate volunteer work	95.0	2.5	2.5	100
Attending religious services	63.0	13.6	23.4	100
Attending club meetings	35.8	34.6	29.6	100
<b>Number of club membership (0)</b>		<b>(1-2)</b>	<b>(&gt;3)</b>	<b>(%Total)</b>
	30.9	64.2	4.9	100

## HEALTH CONDITIONS

Three measures were used to evaluate the health conditions of the Chinese elderly immigrants interviewed. The General Health Index was constructed by Lam (1986) for measuring the health of the Chinese elderly. The index consists of nine items measured on a 3-point scale with the score range of zero to two. The possible total scores can be from zero (very poor health) to eighteen (very good health). In this study, the reliability coefficient (alpha) of .86 represents an adequately high level of internal consistency for the index in its application with the Chinese elderly

immigrants. Table 24 shows the distribution of the respondents' choices in each item. The overall mean score for the sample respondents is 10.49 with the standard deviation of 5.39. Table 25 further presents the distribution of the scores of the respondents on the General Health Index. It shows that, the overall health of the respondents interviewed, tends to be good with the greatest proportion of the elderly having scores in highest range of between 13 to 18.

Table 24: Distribution of the Respondents by their choices  
in the General Health Index (in percentage)

Health statements	No	It depends	Yes	% Total
Usually I have very good sleep.	23.5	30.8	45.7	100
I easily feel tired and weak.	25.9	13.6	60.5	100
I have to take medicine regularly.	55.6	8.6	35.8	100
I seldom have to visit the doctors.	45.7	23.4	30.9	100
Usually I have very good spirit.	13.6	14.8	71.6	100
I have some chronic illness.	59.2	2.5	38.3	100
I never worry about my health.	34.6	13.6	51.8	100
My health condition is very good.	18.5	18.5	63.0	100
I always have pain and discomfort.	25.9	19.8	54.3	100

Table 25: Distribution of Respondents by their Scores in the General Health Index

Scores	f	%
0 to 6	20	24.7
7 to 12	28	34.6
13 to 18	33	40.7
Total	81	100

The modified version of the psychiatric evaluation schedule of Pfeiffer (1975) is another instrument that had been used to assess the health, especially the mental or psychological health, of elderly respondents. The schedule consists of fifteen yes or no statements which can be summated for an overall score of 15 to 30. The higher the score, the better one's mental or psychological health. Distribution of the choices by the respondents in these nineteen statements is presented in Table 26.

Table 26: Distribution of the Respondents by their Choices  
in the Psychological Health Items (in percentage)

Health items	Yes*	No*
wake up fresh and rested	80.2	19.8
daily life interested	65.4	34.6
wanted to leave home	1.2	98.8
no one understands you	4.9	95.1
couldn't take care of things	6.2	93.8
sleep fitful and disturbed	48.1	51.9
happy most of the time	85.2	14.8
being plotted against	0.0	100
feel useless at times	45.7	54.3
been well most time	91.4	8.6
feel weak all time	22.2	77.8
troubled by headaches	11.1	88.9
difficulty in balance	14.8	85.2
heart pounding	11.1	88.9
feel lonely	9.9	90.1

\* Figure presented in percentage.

In its application with the Chinese elderly immigrants in this study, the scale has earned a high level of internal consistency with the reliability coefficient of .83. The overall mean score of the respondents on the scale is 27.4 with the standard deviation of 2.79. Table 27 presents the distribution of the scores by the respondents. More than 80% of the Chinese elderly have scores of over 25 which implies a sound psychological or mental health state.



Table 27: Distribution of the Respondents by their Scores in Psychological Health

Scores	f	%
15 to 20	5	6.2
21 to 25	10	12.3
26 to 30	66	81.5
Total	81	100

The third instrument to measure the subjective health of the respondents in this study was a question measuring the self-perceived level of health compared to other people of the same age. Results gained by this measurement are shown in Table 28. The results obtained are the same as found in the other health measuring instruments. Over half (53%) of the respondents considered their health to be good.

The last instrument used was to assess the functional capacities of the respondents. A revised version of the Activities of Daily Living Scale (ADL) (Katz et al., 1963) assessed the functional capacity of the respondents in eating, dressing, taking care of their appearance, walking, getting in or out of bed, and bathing. Results indicate that all the eighty-one respondents function quite independently and do not require any help in any of these six aspects. Since the functional capacities of all the subjects interviewed are the same, this factor will be treated as a constant rather than a variable in the analysis.

Table 28: Distribution of the Respondents by their Self-perceived Health

Self-perceived health	f	%
Very poor	2	2.5
Poor	8	9.9
Fair	20	24.7
Good	43	53.0
Excellent	8	9.9
Total	81	100

## SOCIAL SUPPORT

Social support for the Chinese elderly immigrants was measured by two instruments. The first one is a social support index formed by adding the scores of the respondents in the questions related to their marital status, living arrangement, total number of living children, total number of children living in Calgary, frequency of meeting with children, number friends that they would visit, frequency of talking with others on the phone, and frequency of social gathering with their friends or relatives. Scores of the respondents in these eight questions thus form the first social support index which is called Support Index-A in the present study. The higher the scores in the index, the greater level of social support is attributed to the respondents.

In the application of this index, an adequate level of internal consistency can be obtained, with the reliability coefficient (alpha) of .6. Results show that the overall mean score of the respondents in this index is 19.42, with the minimum score of 7

and maximum score of 35, and standard deviation of 4.99. If the scores of the respondents in the Support Index-A are regrouped into four categories as in Table 29, it is noticeable that over half of the respondents have their scores in the lower strata of the scores distribution which implies a rather weak or moderately weak level of social support.

Table 29: Distribution of Respondents by their Scores in Support Index A (SLA)

Scores	f	%
7 to 14	11	13.6
15 to 21	47	58.0
22 to 28	19	23.5
29 to 35	4	4.9
Total	81	100

Another way of assessing the level of social support is through three questions used by Wan and his associates (Wan et al., 1982). The questions ask the availability of confidants, the availability of anyone to provide help at the time of sickness or disability, and the availability of anyone to provide care as long as needed. The total scores for these three questions formed another social support index which is called Support Index-B. The scores of the SIB range from three to nine with three indicating the lowest level of social support and nine representing the highest level. Internal consistency of this index was found to be high with an alpha of .73. The

distributions of the answers by the respondents in these three questions are presented in Tables 30, 31, and 32 respectively.

Table 30: Distribution of the Respondents by Availability of Confidant

Availability of Confidant	f	%
No	12	14.8
Maybe	9	11.1
Yes	60	74.1
Total	81	100

Table 31: Distribution of the Respondents by Availability of Help when Sick

Availability of Help	f	%
No	4	4.9
Maybe	8	9.9
Yes	69	85.2
Total	81	100

Table 32: Distribution of the Respondents by Availability  
Of Someone to Take Care When Needed

Availability of Care	f	%
No	4	4.9
Maybe	9	11.1
Yes	68	84.0
Total	81	100

Results show that among the interviewed respondents, a very large proportion of them are sure about having confidants (74.1%), having someone to help when sick (85.2%) and having someone to take care of them as long as needed (84%). To calculate the overall scores of the respondents in this Support Index B, it is found that the overall mean score of the respondents is 8.19 with a standard deviation of 1.45 which represents a very high level of social support. Distribution of the scores by the respondents is presented in Table 33.

The differences in the results gained by the two social support measurements used in this study can be explained by the fact that the focus of the first index is more on social interactions and contacts between the respondents and their sources of social support which is an objective measurement of the actual interactions that the respondents have. On the other hand, focus of the second support index is on the expected availability of assistance and help that the respondents can receive. It is not uncommon that what respondents expect differs from what they really have.

Table 33: Distribution of the Respondents by their Scores in Support Index-B (SIB)

Scores	f	%
3	2	2.5
4	1	1.2
5	3	3.7
6	3	3.7
7	11	13.6
8	6	7.4
9	55	67.9

## SELF-ESTEEM

Self-esteem of the Chinese elderly immigrants was measured by the Self-Esteem Index of Rosenberg (1969). It consists of ten statements with which respondents are asked to agree or disagree. Scores in these statements were added together to form the overall level of self-esteem ranging from 10 to 20. Distribution of self-esteem level of the respondents is presented in Table 34.

Reliability of the self-esteem scale used in this research was found to be high with the alpha coefficient of .8. Results show that the mean score of level of self-esteem among the Chinese elderly immigrants is 14.99 with the standard deviation of 2.72. From the distribution of the scores in Table 34, the self-esteem level of these Chinese elderly immigrants appears to be moderate.

Table 34: Distribution of the Respondents by their Level of Self-Esteem

Level of Self-Esteem	f	%
13 and below	31	38.3
14 to 16	23	28.4
17 to 19	27	33.3
Total	81	100

## PERSONAL CONTROL

Personal control was measured by the modified version of the Sense of Mastery Scale constructed by Pearlin and Schooler (1978). It consists of seven statements assessing whether the respondents would consider their life as being under their own control or being fatalistically ruled. The scores generated from these seven statements formed an overall score ranging from 7 to 21, with 7 representing lowest and 21 representing the highest sense of mastery level. The scale earned a high level of internal consistency with a Cronbach's alpha of .83 in its application to the Chinese elderly immigrants. Distribution of the scores by the respondents is presented in the Table 35.

The low level of sense of mastery represents a low sense of personal control. The overall mean score is 12.48 with the standard deviation of 4.09. This means many of them feel that they have little control over their own life. However, because of the particular cultural background and characteristics of the Chinese elderly, it is

really not a surprise to find that most of them tend to believe in fate rather than in their own ability to control their life.

Table 35: Distribution of the Respondents by their Scores in Sense of Mastery

Scores in Sense of Mastery	f	%
9 to 12	39	48.2
13 to 16	32	39.5
17 to 20	10	12.3
Total	81	100

The results in this chapter have provided an overall picture of the basic characteristics of respondents interviewed in this study. Their scores in life satisfaction, activity level, social support, self-esteem, health, and personal control are explored and discussed. In the next chapter, the associations between life satisfaction and the selected independent variables among the Chinese elderly immigrants are examined through the use of Pearson correlation coefficients, oneway analysis of variance, and multiple regression analysis.



## **CHAPTER SIX**

### **DETERMINANTS OF LIFE SATISFACTION**

One of the principle objectives of this study is to identify the significant variables explaining the levels of life satisfaction of the Chinese elderly immigrants in Calgary. In order to achieve this goal, Pearson correlation, one way analysis of variance and multiple regression were the statistical tools used in the analysis of the data.

In this chapter, relationships between life satisfaction and selected independent variables are discussed. Afterwards, through the use of multiple regression, a multivariate model explaining the effects of the various independent variables is presented. As noted in Chapter Four, life satisfaction measured by the comparative approach serves to provide additional descriptive information about the situation of the respondents. It was not used as a measurement of the dependent variable. In the following analysis, life satisfaction mainly refers to the measures obtained from the Life Satisfaction Index-A and the single-item global measures of life satisfaction.

## **LIFE SATISFACTION AND SOCIOECONOMIC BACKGROUND**

As mentioned in the chapter two, numerous studies have shown that certain demographic background characteristics of the elderly affect their levels of life satisfaction. In this study, selected effects on life satisfaction of a group of ethnic Chinese elderly are explored to see whether these variables are significant with this group or not. In the section that follows, the associations between the various selected socioeconomic variables and the two measure of life satisfaction are discussed.

Effects of gender on life satisfaction of the elderly are still inconclusive. In this study, one way analysis of variance between the gender of the respondents and their life satisfaction were performed. Results showed that no significant difference can be found in the levels of life satisfaction among respondents of different sex.

Again, by the use of one way analysis of variance, comparison of the mean differences in life satisfaction of the respondents and level of education was made. No significant difference was obtained. Respondents with different marital status did not differ significantly in their life satisfaction levels. Furthermore, the same analysis was performed between life satisfaction and the sources of income and self-perceived financial adequacy of the respondents. Results indicated that life satisfaction levels

of the Chinese elderly immigrants did not differ by these independent variables. Finally, by use of Pearson correlation coefficient, age was found to have no association with life satisfaction of the respondents.

### **LIFE SATISFACTION AND ACTIVITY LEVEL**

Pearson correlations were calculated by examining the association between the scores of the respondents in activity level and level of life satisfaction. Results indicated that no significant relations was found between the single-item measure of life satisfaction and level of activity among the respondents. However, a moderate but significant correlation ( $r = .4435$ ,  $p < .001$ ) was observed between the scores of the respondents in the LSI-A and the index of activity level. Further examination to the variables or items that made up the index of activity level showed that frequency of participation by the respondents in watching television, shopping, and attending club meetings were significantly correlated with their levels of life satisfaction measured by LSI-A (Table 36).

Table 36: Pearson Correlation Coefficients between  
Life Satisfaction Measures and Activity Level

Types of Activities	Single-item Measure	LSI-A
Overall Activity Level	.1101	.4435**
Reading	.0127	.2533
Watching television	.0338	.2986*
Going out for walks	.0967	.1645
Gardening	-.1081	.2019
Going to movies	.2350	.0416
Playing cards/chess/mahjongg	-.0354	.1493
Playing sports	-.0131	.1609
Working on own hobby	.1063	.1086
Working on house chores	-.1007	-.0002
Shopping or window-shopping	.0901	.3025*
Chatting with others on phone	.0864	.0507
Going for tea/coffee	.1762	.2545
Participate volunteer work	.0356	.0147
Attending religious services	.1149	.2179
Number of club membership	.0107	.1799
Attending club meeting	.1761	.3399**

\*  $p < .01$ .    \*\*  $p < .001$

## LIFE SATISFACTION AND HEALTH

Four instruments were used to measure the subjective health of the elderly immigrants. Except for functional capacity, which was treated as a construct as mentioned in the previous chapter, correlations between the other three measures and the measures of life satisfaction were computed. Results indicated that quite a strong and positive relation existed between health and levels of life satisfaction among the respondents. Pearson correlation coefficient between respondents' scores in LSI-A and psychological health measured, was .6097 ( $p < .001$ ); the correlation between LSI-A and the General Health Index was .4487 ( $p < .001$ ); and that between LSI-A and the self-perceived level of health was .4489 ( $p < .001$ ). Besides, scores between the global level of life satisfaction and the General Health Index were mildly correlated ( $r = .2595$ ,  $p < .01$ ). In Table 37, the correlations between the two life satisfaction measures and the various measures of health are presented.

Table 37: Pearson Correlation Coefficients between  
Life Satisfaction Measures and Health

	Single-item Measure	LSI-A
Psychological health	.2286	.6097**
General Health Index	.2597*	.4487**
Self-perceived health	.1774	.4459**

\*  $p < .01$ .    \*\*  $p < .001$

## LIFE SATISFACTION AND SOCIAL SUPPORT

No significant correlation was observed between level of life satisfaction measured by the single-item global measure and the scores in the two measures of social support in this study. However, level of life satisfaction measured by LSI-A was found to be significantly associated with the Support Index-A (SIA) ( $r=.3647$ ,  $p<.001$ ). Among the items which formed the social support index, frequency of seeing the children and frequency of having social gatherings with relatives or friends were found to be in significant correlation with the LSI-A, with  $r=.347$  ( $p<.01$ ), and  $r=.2703$  ( $p<.01$ ) respectively.

## **LIFE SATISFACTION AND SELF-ESTEEM**

Correlations between the measures of life satisfaction and the level of self-esteem were examined. Results showed that level of self-esteem of the Chinese elderly immigrants was in moderate correlation with their levels of life satisfaction as measured by the LSI-A ( $r=.3201$ ,  $p<.01$ ). No significant relation was observed between self-esteem and life satisfaction measured by the single-item measurement.

## **LIFE SATISFACTION AND PERSONAL CONTROL**

Correlation coefficients between personal control and the scores from the two measures of life satisfaction were computed. Significant associations were found between sense of personal control and the two life satisfaction measures. A Pearson correlation coefficient of  $.5807$  ( $p<.001$ ) was observed between a sense of personal control and LSI-A while the one between the single-item measure is  $.3277$  ( $p<.01$ ).

## **CONTROLLING THE EFFECT OF GENDER**

Results presented above indicate that levels of life satisfaction among the Chinese elderly immigrants were found to be in significant association with activity level, psychological health, general health, self-perceived health, self-esteem, and

sense of personal control when life satisfaction was measured by the LSI-A. And for the single-item measure of life satisfaction, it was also found to be in significant correlations with general health and a sense of personal control.

No significant difference can be found between male and female for their levels of life satisfaction. However, factors explaining life satisfaction of respondents from different gender groups may be different. Thus, Pearson correlation coefficients between life satisfaction and the various significant variables were computed with gender being controlled. Results in Table 38 showed that among the male respondents, most of the significant associations between life satisfaction measured by the LSI-A and the independent variables mentioned earlier disappeared. Only psychological health was still found to be statistically related to the level of life satisfaction ( $r = .64$ ,  $p < .001$ ) measured by LSI-A. At the same time, the significant effects that general health conditions and sense of mastery had on life satisfaction measured by single-item measure also disappeared.



Table 38: Pearson Correlation Coefficients between Life Satisfaction Measures and Selected Variables Among Male Respondents

	Type of measure	
	<u>LSI-A</u>	<u>Single-item measure</u>
Support Index-A (SIA)	.33	.05
Activity level	.45	-.04
Psychological health	.64**	.20
General Health Index	.42	.26
Self-perceived health	.29	-.17
Self-esteem	.13	-.18
Sense of personal control	.46	.20

\*\*  $p < .001$ .

Among the female respondents, the significant associations between level of life satisfaction measured by LSI-A and the various independent variables in the uncontrolled situation still exist. Table 39 indicates that LSI-A was statistically correlated with all the selected variables found to be affecting the level of life satisfaction earlier. The single-item measure, sense of mastery was still a significant independent variable ( $r = .43, p < .001$ ). However, the effect of general health which was found to be significant before, disappeared. Instead, another health variable, self-perceived health, was reported to affect life satisfaction measured by the single-item measure ( $r = .42, p < .001$ ).

Table 39: Pearson Correlation Coefficients between Life Satisfaction Measures and Selected Variables Among Female Respondents

	Type of measure	
	<u>LSI-A</u>	<u>Single-item measure</u>
Support Index-A (SSA)	.38*	.29
Activity level	.44**	.22
Psychological health	.62**	.30
General Health Index	.45**	.30
Self-perceived health	.49**	.42**
Self-esteem	.37*	.25
Sense of mastery	.63*	.43**

\*  $p < .01$ . \*\*  $p < .001$ .

## A MODEL OF LIFE SATISFACTION

To examine the relative effects of the various significant independent variables on the level of life satisfaction, multiple regression analysis was adopted. By use of the stepwise procedure, all the independent variables which were found to be significantly correlated with the level of life satisfaction in their Pearson correlation coefficients were entered into the multiple regression equation model so that their relative effects on the dependent variable could be examined. In this study, two measures of life satisfaction had been adopted in measuring the dependent variable. Therefore, multiple regression analyses were performed by using both the LSI-A and the single-item measure.

In the first regression analysis, criteria variables included in the model were Support Index-A (SSA), activity level, psychological health, General Health Index, self-perceived health, self-esteem, and sense of mastery. The ratio of number of cases to number of variables was about 12 to 1. This suited the recommendations of some researchers who considered that a minimum ratio of 10 to 1 is necessary in the analysis (Craft, 1991, p.157). In use of the stepwise procedure, only two predictors were entered into the multiple regression equation. The first one was psychological health while the second one was sense of mastery. In combination, these two predictors accounted for 45% of the variation in level of life satisfaction measured by LSI-A among the Chinese elderly immigrants (Table 40).

Table 40: Multiple Regression Analysis of Predictor Variables on LSI-A

Predictor Variables	Simple r	Multiple R	Adjusted R <sup>2</sup>	Regression Coefficient b	beta
Psychological health	.61	.61	.36	.523	.421
Personal control	.58	.68	.45	.306	.361

The constant (a) for the raw-score equation = -5.1.

Another multiple regression was performed by using the single-item measure of life satisfaction as the dependent variable. Variables which were found to be in significant association with level of life satisfaction measured by the single-item measure included general health and sense of mastery. Therefore, only these two variables were adopted as the criteria variables in the regression analysis. Results indicated that among these two variables, only sense of personal control could be entered into the regression equation. It explained not more than 1% of the variation of the level of life satisfaction which was measured by the single-item measure (Table 41).

Table 41: Multiple Regression Analysis of Predictor Variables on Single-item Measure

Predictor Variables	Simple r	Multiple R	Adjusted R <sup>2</sup>	Regression Coefficient b	beta
Personal control	.33	.33	.096	.051	.328

The constant (a) for the raw-score equation = 3.423.

When the factor of gender was controlled, the results became a bit different. The significant effect of sense of mastery in explaining level of life satisfaction measured by LSI-A vanished among the male respondents. Only psychological health was entered into the regression equation and could explain about 38% of the variation of life satisfaction (Table 42). However, among the female respondents, the significant effects of both variables still existed and they could explain about 48% in the variation of the life satisfaction (Table 43).

When the single-item measure was used as the dependent variable among the male respondents, none of the criteria variables was entered into the regression. However, among the female respondents, the explanation power of sense of mastery was still significant with the ability to account for 17% of the dependent variable (Table 44).

Table 42: Multiple Regression Analysis of Predictor Variables on LSI-A Among Male Respondents

Predictor Variables	Simple r	Multiple R	Adjusted R <sup>2</sup>	Regression Coefficient b	beta
Psychological health	.65	.64	.38	1.45	.642

The constant (a) for the raw-score equation = -27.63

Table 43: Multiple Regression Analysis of Predictor Variables on LSI-A Among Female Respondents

Predictor Variables	Simple r	Multiple R	Adjusted R <sup>2</sup>	Regression Coefficient b	beta
Personal control	.63	.63	.38	.373	.413
Psychological health	.62	.50	.48	.462	.392

The constant (a) for the raw-score equation = -4.29.

Table 44: Multiple Regression Analysis of Predictor Variables on Single-item Measure Among Female Respondents

Predictor Variables	Simple r	Multiple R	Adjusted R <sup>2</sup>	Regression Coefficient b	beta
Personal control	.43	.43	.17	.055	.428

The constant (a) for the raw-score equation = 3.38.

Overall, it is noticeable that among the various predictors, presence of psychological symptoms and sense of mastery were found to be the most important factors explaining the variations of life satisfaction among the Chinese elderly immigrants in this study.

## **CHAPTER SEVEN**

### **SUMMARY AND DISCUSSION**

#### **SUMMARY OF FINDINGS**

This study explored the level of life satisfaction of the Chinese elderly immigrants in Calgary and the effects of the selected variables in explaining life satisfaction.

This is a quantitative exploratory study of the Chinese elderly living in the Chinese senior housing facilities in Calgary. Altogether, 81 randomly selected Chinese elderly immigrants were interviewed. By use of structured questionnaires, areas including their background, level of life satisfaction, social support, health, self-esteem, and sense of personal control were explored. The respondents in the present study aged from 65 to 96 with the mean age of 76. Nearly all of them have been living in Canada for over three years while over half of them have been in Canada for over 10 years. Although over half of them were migrated from Hong Kong, over 95% of them were born in Mainland China which implies most of them have experienced migration at least twice in their life. They are mainly sponsored immigrants.

Among the 81 respondents interviewed, 58 of them are female while 23 of them are male. Most of them (61.7%) are widowed and 37% are married. Among the respondents, quite a number of them (44.4%) did not receive any education. Generally speaking, their English capacity is low and many of them do not know how to speak, read, write, and listen to any English at all. None of them were employed and over 76% of them depend for their living on the Old Age Pension while 35.8% of them depend on social welfare. Most of them however consider their income to be sufficient.

Most of the respondents (65.4%) live alone. Except for one, all have children with nearly half having at least one child living in Calgary. Most see their children once or twice per week. Although most of the respondents talk fairly frequently with others on the phone, they seldom pay visits to their friends. Most of them (63%) do not have any friends that they would pay visits to. However, over 85% of the respondents had social gatherings of some kind with others at least once in the past week.

The single-item approach, the comparative approach, and the multi-dimensional approach were adopted to measure the life satisfaction levels of the respondents. Results indicate that overall, level of life satisfaction of Chinese elderly



immigrants in Calgary is considered to be moderately high. By the use of the single-item global measure, over 70% of the respondents considered their current life to be somewhat satisfied or even better. Using a comparative measurement approach, respondents were asked to relate their current life with the time before they arrived in Canada and five years ago. Over 60% of them considered their life to be better than before they migrated to Canada; half of them regarded their life to be more or less the same as five years ago. At the same time, over 38% were more satisfied than five years ago.

Finally, through the use of the LSI-A, the dimensional life satisfaction of the respondents was measured. The overall mean score of the respondents is 13.1 while over 30% of them have the scores of 16 or above.

Activity levels of the respondents were also explored. On the scale from 16 to 48, the mean score for the Chinese elderly immigrants in this study is 31.46. Among the various activities in the scale, working on house chores and shopping or window-shopping are the activities participated most by the respondents.

Subjective health of the respondents was generally good. Four instruments were adopted to measure the health of the Chinese elderly immigrants. The respondents tend to score high in both the General Health Index and the psychiatric

evaluation schedule of Pfeiffer (1975) which measures their psychological health. All respondents can perform without any assistance in all the functional activities in the ADL Scale (Katz et al., 1963). In the question asking respondents to compare their health with that of the others, over half of them considered their health to be good.

Social support was measured by the Support Index-A and the Social Index-B. With the possible score from 7 to 35 representing low level of social support to high level of social support, a mean score of 19.42 was recorded for the respondents in the first instrument which implied rather weak levels of social support being received by the respondents. At the same time, the mean score of the respondents in the Support Index-B is 8.19 on the scale from three to nine. It represented a quite high level of social support that the Chinese elderly expected to have especially in time of need.

Self-esteem of the respondents was measured by the Self-Esteem Scale of Rosenberg (1969). Results indicate that level of esteem of the Chinese elderly in this study is moderate. Sense of personal control was measured by the Sense of Mastery Scale by Pearlin and Schooler (1978). On the scale from 7 to 21, the overall mean score of the respondents is 12.48. Distribution of their scores indicate that their sense of personal control is generally low.

Zero-order correlation coefficients between life satisfaction and the various selected variables were computed. The LSI-A, one of the measurements assessing the life satisfaction of the Chinese elderly, was found to be in significant associations with activity level, psychological health, social support, self-esteem, and sense of personal control. And for the single-item global measure of life satisfaction, significant association could only be found with general health and sense of personal control. Having controlled for the gender of the respondents, most significant associations between the measures of life satisfaction and the various variables disappear among the males. The only significant relationship that remained was the one between LSI-A and psychological health. However, among the female respondents, all the significant associations are evident, except for the fact that the General Health Index is no longer associated with the single-item global measure, but instead, self-perceived health takes its place.

In order to explore the relative effects of the selected variables in explaining the life satisfaction of the target population, multiple regression was used. Results indicated that both psychological health and sense of personal control are the two most important factors which have the greatest amount of explanatory power concerning life satisfaction of the Chinese elderly as measured by LSI-A. The effects

of these two determinants continue for the female respondents when the effect of gender is controlled. However, the effect of sense of personal control fades out for the male respondents.

For the single-item measure of life satisfaction, only the effect of sense of personal control can be identified. This phenomena continues among the female respondents when gender effect is controlled, but it disappears for the male respondents.

From the results of the statistical tests and analyses, it can be concluded that among all the selected variables, sense of personal control and psychological health are the most important determinants of life satisfaction among the Chinese elderly immigrants in this study. However, the significant effects of other health factors, activity levels, social support, and self-esteem should also not be neglected.

## **IMPLICATIONS FOR SOCIAL WORK PRACTICE**

This study helps to facilitate the generic social work practice process in which need assessment and planning of appropriate interventions and services are essential. Through exploring life satisfaction of Chinese elderly immigrants, their needs and problems can be identified. The various concerns among this group of

people can thus serve a foundation for future service planning in social work practice with this elderly group.

Sense of personal control is the most significant determinant of life satisfaction among the Chinese elderly. However, the level of personal control of the elderly in the present study is rather low. This may be partly due to the cultural characteristics. It is really not uncommon for the Chinese elderly to perceive themselves as lacking in ability to control their future life. However, it is believed that the low level of personal control may also be due to some other factors related to their immigrant status. Lack of language capacity, unfamiliarity with the social and physical environment of the host country, and prolonged dependency on the younger generation for daily living may contribute to the deterioration of their sense of personal control.

Health is another important factor explaining life satisfaction. First of all, it is really a normal phenomenon as illness and diseases can not only bring pain and discomfort but also create a sense of misery towards the future, especially among the elderly. Among the various health variables, psychological health is the most important. This helps to highlight the importance of providing appropriate services to maintain and upgrade the psychological health of Chinese elderly. The concept of

psychological health and mental health is usually uncommon among the Chinese immigrants. In order to promote the concept of mental and psychological well-being among this ethnic group, outreach services to those who are isolated from the formal service delivery system are suggested. Furthermore, services helping the Chinese seniors adjust to the psychological stress of the aging process and the stresses associated with their status of being immigrants can also facilitate the balanced psychological health of this group.

Similar to a sense of personal control, self-esteem is considered to be a source of coping resources for individuals. In this study, self-esteem of the Chinese elderly immigrants is also associated with their levels of life satisfaction. However, results indicate that self-esteem is only moderately associated. Since this factor has been found significant in determining life satisfaction, efforts need to be devoted to enhancing the self-esteem the Chinese elderly immigrants. Counseling services and social skills training helping the Chinese elderly to adjust to their life in Canada are some of the services that can be recommended. Besides, from the clinical point of view, group therapy helping individuals to review their accomplishments and meaning of their life may also be useful (Baker, 1985; Lappe, 1987).

Despite the fact that most respondents claimed to have helping persons available if they were sick or in need of help, their actual interactions and contacts with supporting resources are rather limited. Low levels of social support among the Chinese elderly implies a need for supportive resources from the community. Social clubs, support groups, and self-help organizations are suggestions that can be adopted in helping the Chinese elderly maintain adequate contacts with sources of support from which help and assistance can be obtained.

## **IMPLICATIONS FOR FURTHER RESEARCH**

Other than the practical issues discussed above, several theoretical implications can also be identified in the present study.

Sense of personal control is the most important factor explaining the levels of life satisfaction among the Chinese elderly immigrants in this study. However, factors explaining sense of personal control of this ethnic group have not yet been covered in the scope of the present research. Therefore, further research to examine the relevant determinants of sense of personal control among the Chinese elderly is recommended.

Psychological health is the second important factor of life satisfaction among the Chinese elderly immigrants in the present study. Only the psychological schedule by Pieffier (1975) was used to assess the psychological health of the respondents. As a complicated concept, use of multiple instruments in future research pertaining to this concept is suggested.

Although activity level is found to be not significantly related to the life satisfaction of the Chinese elderly in this study, examination of activity levels in the sample reveals possible need areas. Culturally, there are differences between Chinese and Caucasians in their attitudes towards participation in activities. The patterns and habits of participation by the Chinese elderly are not similar to the Caucasians. Therefore, in order to further explore or examine the effects of activity on the life satisfaction of the Chinese elderly, another in-depth study involving detailed exploration of the subjective experience, opinions and behaviors is suggested.

Finally, many of the concepts in this study, such as self-esteem, sense of personal control, psychological health, social support, and even life satisfaction are not fully validated with regard to their conceptual definitions and measuring methods especially in their application to the ethnic Chinese. Therefore, to facilitate further studies on the characteristics of this group of visible minority, efforts to investigate



and examine the validity of these concepts among the Chinese communities are suggested.

## **LIMITATIONS OF THE STUDY**

The present study has served to explore and provide a picture of life satisfaction among Chinese elderly immigrants. However, several methodological limitations can be identified.

First, life satisfaction is a subjective concept which is complicated and difficult to measure. Despite the use of the three measuring approaches in this study, the subjective personal reality experienced by the Chinese elderly may not be articulated with adequate clarity and accuracy.

Secondly, though the application of the life satisfaction concept to Chinese elderly is documented, vigorous attempts to examine the validity and reliability of the measuring instruments used in this study is very limited. Hence, there is some uncertainty as to the validity of these instruments in applying to the ethnic Chinese seniors.

Thirdly, many other standardized measurements used in this research such as the scales assessing self-esteem, sense of mastery, and activity level are originally developed to be used by Caucasians. Their validity in use with Chinese is not certain.

Fourthly, although the present study is on a randomized sample of Chinese elderly, the results can hardly be generalized to represent all the Chinese elderly in Calgary as they were not drawn randomly among all the Chinese elderly immigrants in the City. The results at least, provide information about the situations of Chinese elderly immigrants living in the Chinese senior housing facilities in Calgary.

Fifthly, as an exploratory study and in view of the limited resources, this research failed to cover all the possible variables such as personality, coping capacities, and ethnicity which might also have influence on the life satisfaction levels of this elderly population. The suggested associations between life satisfaction and the selected variables and the model in the study are, at least, preliminary findings and should be interpreted with caution.

In view of the limitations mentioned in the study, several recommendations can be made with reference to the study of life satisfaction level of the Chinese elderly immigrants in future. First, if possible, a randomized sample should be drawn among all the Chinese elderly immigrants in Calgary so that results of the future

survey can be generalized to the overall population of this ethnic minority group in the city.

Secondly, as mentioned in above, validity and reliability of the instruments used with Chinese elderly are not well-established. Therefore, further effort to validate the applicability of these measurements among the Chinese respondents is suggested.

Thirdly, the scope of the present study is exploratory. It has covered the functions of a few selected variables on life satisfaction. In order to understand more clearly the effects of other factors which might also have effects on the life satisfaction level of the Chinese elderly immigrants, future research should explore other possible determinants.

Finally, use of quantitative measures can only examine part of the whole picture of the concept of life satisfaction, which is subjective and personal. Therefore, personal experience and subjective interpretation of the respondents are alternative perspectives that can be addressed. Qualitative research methods can also be considered in future research efforts.

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**APPENDIX I**  
**QUESTIONNAIRE (ENGLISH VERSION)**

**LIFE SATISFACTION OF THE CHINESE ELDERLY**  
**IMMIGRANTS IN CALGARY**

**A. GENERAL INFORMATION**

1. Sex of Respondent?            1. Male                            2. Female
  
2. Could you please tell me how old you were on your last birthday?  
\_\_\_\_\_ yrs old.
  
3. How far have you gone in School?
  - 1        Nil
  - 2        1 to 6 years (Primary Level/Grade 1 to Grade 6)
  - 3        7 to 13 years (Secondary Level/Grade 7 to Grade 12/13)
  - 4        Post high school (Business school or community college)
  - 5        1 to 3 years college (University)
  - 6        4 years college completed (University graduate)
  - 7        Post-graduate college (Post-graduate diploma or degrees)
  - 9        Not answered
  
4. How long you have been migrated to Canada? \_\_\_\_\_ years

5. Where did you live before you migrated to Canada?

- |              |                 |
|--------------|-----------------|
| 1. Hong Kong | 2. China        |
| 3. Taiwan    | 4. Other: _____ |

6. Where is your place of birth?

- |              |                 |
|--------------|-----------------|
| 1. Hong Kong | 2. China        |
| 3. Taiwan    | 4. Other: _____ |

7. Which type of immigrant category you belong to?

- |                 |                |
|-----------------|----------------|
| 1. Retirement   | 2. Investment  |
| 3. Sponsored    | 4. Independent |
| 5. Other: _____ | 9. Don't know  |

8. Can you speak English:

1. Not at all
2. Average
3. Very well

9. Can you write English:

1. Not at all
2. Average
3. Very well

10. Can you read English:

1. Not at all
2. Average
3. Very well

11. Can you listen to English: 1. Not at all  
2. Average  
3. Very well
12. Are you employed? 1. No 2. Full-time 3. Part-time
13. I will not ask the exact amount of income you receive, but I'd like to get a clearer picture of the financial situation of older people. I will read out some sources of income, please tell me if you received any amount from any of them in the past year.

YES NO

- |    |   |   |  |
|----|---|---|--|
| a. | 1 | 0 | Employment (wages, salary, business)                                       |
| b. | 1 | 0 | Personal Pensions  |
| c. | 1 | 0 | Savings  |
| d. | 1 | 0 | Income from assets (interest, dividends, rents, annuities, life insurance) |
| e. | 1 | 0 | Contribution from relatives or others                                      |
| f. | 1 | 0 | Unemployment insurance   |
| g. | 1 | 0 | Social welfare   |
| h. | 1 | 0 | Canadian old age pension   |
| i. | 1 | 0 | Other (Specify) _____  |

14. Are your financial assets and financial resources sufficient to meet the daily expenses?

- |                          |                        |
|--------------------------|------------------------|
| 1. Very insufficient     | 4. Somewhat sufficient |
| 2. Somewhat insufficient | 5. Very sufficient     |
| 3. Just sufficient       |                        |

15. What is your marital status?
- |                  |                       |
|------------------|-----------------------|
| 1. Never married | 3. Divorced/Separated |
| 2. Widowed       | 4. Married            |
16. Who is/are living with you? (Check where appropriate)
- |          |           |
|----------|-----------|
| 1. Alone | 2. Spouse |
|----------|-----------|
17. Do you have any children?
- |        |                      |
|--------|----------------------|
| 1. Yes | 2. No--(answer Q.21) |
|--------|----------------------|
18. How many living children do you have? \_\_\_\_\_
19. How many of your children live in Calgary? \_\_\_\_\_
20. How often do you see any of your children?
- |                          |                         |
|--------------------------|-------------------------|
| 1. Daily                 | 5. Several times a year |
| 2. Several times a week  | 6. Once a year          |
| 3. Once or twice a week  | 7. Never                |
| 4. Once or twice a month | 9. Not answered         |

21. How many people do you know well enough that you visit them in their homes?
- |               |                  |                 |
|---------------|------------------|-----------------|
| 1. None       | 3. Three to five | 9. Not answered |
| 2. one to two | 4. Six or more   |                 |
22. About how many times did you talk to someone -- friends, relatives or neighbours -- on the telephone in the past week?
- |                |                       |
|----------------|-----------------------|
| 1. Not at all  | 4. Once a day or more |
| 2. Once        | 9. Not answered       |
| 3. 2 - 6 times |                       |
23. How many times during the past week did you spend some time with someone who does not live with you, that is you went to see them or they came to visit you, or you sent out to do things together?
- |                |                       |
|----------------|-----------------------|
| 1. Not at all  | 4. Once a day or more |
| 2. Once        | 9. Not answered       |
| 3. 2 - 6 times |                       |

## B. ACTIVITY LEVEL

In the following is a list of activities that a person might do during his/her spare time. I would like you to tell me how often you do each of these things:

1. Never      2. Sometimes      3. Often

1.   1   2   3   Reading (Magazines, books, newspapers or any type of printed matters)
2.   1   2   3   Watching television or video tapes/listening radio or music at home.
3.   1   2   3   Going out for walks
4.   1   2   3   Gardening (Indoors or outdoors)
5.   1   2   3   Going to movies, plays, concerts or talks
6.   1   2   3   Playing cards, chess or mahjongg or some other games with others
7.   1   2   3   Playing sports (golf, swimming, tai chi)
8.   1   2   3   Working on own hobby
9.   1   2   3   Working on house chores
10. 1   2   3   Shopping or window-shopping
11. 1   2   3   Chatting with relatives/friends at home or on the phone
12. 1   2   3   Going out for tea or coffee with relatives/friends
13. 1   2   3   Do you participate in any volunteer work?
14. 1   2   3   Do you attend any religious services?
  
15.   How many local, provincial, or national organizations, clubs, or groups you belong to?
 

1. None      2. One to two      3. Three or more
  
16.   Do you attend any of these club meetings?
 

1. Never      2. Sometimes      3. Often



## C. HEALTH

In the following, I'd like to know something about your daily living. I would like to know whether you can do these daily activities without help or not.

1. Can you eat...
  3. without help
  2. with some help
  1. or are you completely unable to feed yourself
  9. Not answered
2. Can you dress and undress yourself...
  3. without help
  2. with some help
  1. or are you completely unable to dress and undress
  9. Not answered
3. Can you take care of your own appearance, for example combing your hair and (for men) shaving...
  3. without help
  2. with some help
  1. or are you completely unable to maintain your appearance
  9. Not answered
4. Can you walk...
  3. without help (except from a cane)
  2. with some help from a person or with the use of a walker, or crutches, etc.
  1. or are you completely unable to walk
  9. Not answered

5. Can you get in and out of bed...
- 3. without any help or aids
  - 2. with some help
  - 1. or are you totally dependent on someone else to lift you
  - 9. Not answered
6. Can you take a bath or shower...
- 3. without help
  - 2. with some help
  - 1. or are you completely unable to bath yourself
  - 9. Not answered

In the following, please answer the questions with either "Yes" or "No" as they apply to you. There is no right or wrong answers. Occasionally, there may be question that might seem to be quite odd, but please try to answer it whichever is more nearly correct for you.

- |     | Yes | No |  |
|-----|-----|----|--|
| 7.  | 2   | 1  | Do you wake up fresh and rested most mornings?   |
| 8.  | 2   | 1  | Is your daily life full of things that keep you interested?  |
| 9.  | 1   | 2  | Have you, at times, very much wanted to leave home?  |
| 10. | 1   | 2  | Does it seem that no one understands you?  |
| 11. | 1   | 2  | Have you had periods of days, weeks, or months when you couldn't take care of things because you couldn't "get going"? |
| 12. | 1   | 2  | Is you sleep fitful and disturbed?   |
| 13. | 2   | 1  | Are you happy most of the time?  |
| 14. | 1   | 2  | Are you being plotted against?   |
| 15. | 1   | 2  | Do you certainly feel useless at times?  |
| 16. | 2   | 1  | During the past few years, have you been well most of the time?  |
| 17. | 1   | 2  | Do you feel weak all over much of the time?  |
| 18. | 1   | 2  | Are you troubled by headaches?   |
| 19. | 1   | 2  | Have you had difficulty in keeping your balance in walking?  |
| 20. | 1   | 2  | Are you troubled by your heart pounding and by shortness of breath?  |
| 21. | 1   | 2  | Even when you are with people, do you feel lonely much of the time?  |

Following is some statements about your health situation, please tell me whether they correct or wrong.

	No	It depends	Yes
22. Usually I have very good sleep.	0	1	2
23. I easily feel tired and weak.	2	1	0
24. I have to take medicine regularly.	2	1	0
25. I seldom have to visit the doctors.	0	1	2
26. Usually I have very good spirit.	0	1	2
27. I have some chronic illness.	2	1	0
28. I never worry about my health.	0	1	2
29. My health condition is very good.	0	1	2
30. I always have pain and discomfort.	2	1	0

31. Compared with other people at your age, would you say your health is very poor, poor, fair, good or excellent?

- |              |                 |
|--------------|-----------------|
| 1. Very poor | 4. Good         |
| 2. Poor      | 5. Excellent    |
| 3. Fair      | 9. Not answered |

**D. SUPPORT INDEX-B**

1. Do you have someone you can trust and confide in?  
1. No            2. May be            3. Yes
2. Is there anyone who would give you any help at all if you were sick or disabled?  
1. No            2. May be            3. Yes
3. Is there someone who would take care of you as long as you needed help?  
1. No            2. May be            3. Yes

## E. SELF-ESTEEM

I will read out some statements about how you evaluate yourself, could you please tell me how you agree with each statement?

		Agree	Disagree
1.	I feel that I'm a person of worth, at least on an equal plane with others.	2	1
2.	I feel that I have a number of good qualities.	2	1
3.	All in all, I am inclined to feel that I am a failure.	1	2
4.	I am able to do things as well as most other people.	2	1
5.	I feel I do not have much to be proud of.	1	2
6.	I take a positive attitude toward myself.	2	1
7.	On the whole, I am satisfied with myself.	2	1
8.	I wish I could have more respect for myself.	1	2
9.	I certainly feel useless at times.	1	2
10.	At times I think I am no good at all.	1	2

## F. SENSE OF MASTERY

Can you tell me whether you agree or disagree with the following statement?

		Agree	It depends	Disagree
1.	I have little control over the things happened to me.	1	2	3
2.	There is really no way I can solve some of the problems I have.	1	2	3
3.	There is little I can do to change many of the important things in my life.	1	2	3
4.	I often feel helpless in dealing with the problems of life.	1	2	3
5.	Sometimes I feel that I'm being pushed around in life.	1	2	3
6.	What happens to me in future mostly depend on me.	1	2	3
7.	I can do just about anything I really set my mind to do.	1	2	3

**G. LIFE SATISFACTION**

1. In general, how satisfied are you with your life?

- |                          |                       |
|--------------------------|-----------------------|
| 1. Very dissatisfied     | 4. Somewhat satisfied |
| 2. Somewhat dissatisfied | 5. Very satisfied     |
| 3. Average               |                       |

2. How satisfied you are if you compare with your life before you arrived in Canada?

- |                            |                            |
|----------------------------|----------------------------|
| 1. Much less satisfied     | 4. Somewhat more satisfied |
| 2. Somewhat less satisfied | 5. Much more satisfied     |
| 3. The same                |                            |

3. How satisfied you are if you compare with your life five years ago?

- |                            |                            |
|----------------------------|----------------------------|
| 1. Much less satisfied     | 4. Somewhat more satisfied |
| 2. Somewhat less satisfied | 5. Much more satisfied     |
| 3. The same                |                            |

4. The following are some statements about life in general that people feel differently about. Would you please tell me your opinion on them when I read each statement?

		Agree	Don't Know	Dis-agree
a.	As I grow older, things seem better than I thought they would be.	1	0	0
b.	I have gotten more of the breaks in life than most of the people I know.	1	0	0
c.	This is the dreariest time of my life.	0	0	1
d.	I am just as happy as when I was younger.	1	0	0
e.	My life could be happier than it is now.	0	0	1
f.	These are the best years of my life.	1	0	0
g.	Most of the things I do are boring or monotonous.	0	0	1
h.	I expect some interesting and pleasant things to happen to me in the future.	1	0	0
i.	The things I do are as interesting to me as they ever were.	1	0	0
j.	I feel old and somewhat tired.	0	0	1
k.	I feel my age, but it does not bother me.	1	0	0
l.	As I look back on my life I am fairly well satisfied.	1	0	0



		Agree	Don't Know	Dis- agree
m.	I would not change my past life even if I could.	1	0	0
n.	Compared to other people my age, I've make a lot of foolish decisions in my life.	1	0	0
o.	Compared to other people my age, I make a good appearance.	1	0	0
p.	I have made plans for things I'll be doing a month or a year from now.	1	0	0
q.	When I think back over my life, I didn't get most of the important things I wanted.	0	0	1
r.	Compared to other people, I get down in the dumps too often.	0	0	1
s.	I've gotten pretty much what I expected out of life.	1	0	0
t.	In spite of what people say, the lot of the average man is getting worse, not better.	0	0	1

**THE END**

**THANK YOU VERY MUCH FOR YOUR COOPERATION**

**APPENDIX II**  
**QUESTIONNAIRE (CHINESE VERSION)**

## 卡城長者生活滿足感調查

### A. 背景資料

1. 被訪者性別：      1. 男              2. 女
  
2. 請告訴我你的上次生辰時是幾多歲！ \_\_\_\_\_ 歲
  
3. 請問你的教育程度：
  1. 沒有正式受教育
  2. 一至六級 (小學程度)
  3. 七至十二或十三級 (中學程度)
  4. 大專 / 工專 / 社區學院
  5. 一至三年大學
  6. 四年大學畢業
  7. 研究院
  9. 無答案
  
4. 你在加拿大居住了多少年？ \_\_\_\_\_ 年
  
5. 你在抵加之前是居住於：
  1. 香港                      2. 中國                      3. 台灣
  4. 其他： \_\_\_\_\_

6. 你在那裏出生？

1. 香港

2. 中國

3. 台灣

4. 其他：\_\_\_\_\_

7. 你屬那一種移民類別？

1. 退休移民

3. 贊助移民

5. 其他：\_\_\_\_\_

2. 投資移民

4. 獨立移民

9. 不知道

8. 你能否講英語？ 1. 不懂 2. 少許 3. 很好

9. 你能否寫英語？ 1. 不懂 2. 少許 3. 很好

10. 你能否閱讀英語？ 1. 不懂 2. 少許 3. 很好

11. 你能否聽懂英語？ 1. 不懂 2. 少許 3. 很好

12. 你是否受僱於任何工作？ 1. 否 2. 全職 3. 兼職

13. 我並不是要問你的入息數目；但為了更瞭解年長者之經濟狀況，我會讀出一些入息之來源，請告訴我有否在過往一年內從這些來源得到收入：

有

沒有

a. 1

o 從工作賺取之薪金，及利潤等入息

b. 1

o 私人退休金

c. 1

o 積蓄

- 有      沒有
- d.    1      0    從固定資產得到收入 (如: 利息、  
花紅、租金、保險金等)
- e.    1      0    親友供給之金錢
- f.    1      0    失業保險金 (UI)
- g.    1      0    社會福利
- h.    1      0    政府老人之退休金
- i.    1      0    其他: \_\_\_\_\_

14. 你的經濟資源及資產是否足夠你日常開支?

- |         |         |
|---------|---------|
| 1. 極不足夠 | 4. 幾足夠  |
| 2. 幾不足夠 | 5. 非常足夠 |
| 3. 剛好   |         |

15. 你的婚姻狀況:

- |          |            |
|----------|------------|
| 1. 從未結過婚 | 3. 離婚 / 分居 |
| 2. 寡 / 鰥 | 4. 已婚      |

16. 那些人與你同住?

- |       |       |
|-------|-------|
| 1. 獨居 | 2. 配偶 |
|-------|-------|

17. 你有沒有子女?    1. 有    2. 沒有 (回答第21題)

18. 目前有多少名子女? \_\_\_\_\_ 名

19. 多少子女居住於卡域? \_\_\_\_\_ 名

20. 你與你的子女之見面情況：

- |            |         |
|------------|---------|
| 1. 每天都見面   | 5. 一年幾次 |
| 2. 每星期幾次   | 6. 一年一次 |
| 3. 每星期一至兩次 | 7. 從不見面 |
| 4. 每個月一至兩次 | 9. 無答案  |

21. 有多少個人是你認識而你又會去探訪他們？

- |         |          |        |
|---------|----------|--------|
| 1. 完全沒有 | 3. 三至五個  | 9. 無答案 |
| 2. 一至兩個 | 4. 六個或以上 |        |

22. 在過往一星期內，你有多少次與親戚或朋友或鄰居等互通電話？

- |         |            |        |
|---------|------------|--------|
| 1. 完全沒有 | 3. 兩至六次    | 9. 無答案 |
| 2. 一次   | 4. 每天一次或以上 |        |

23. 在過去一星期內，你試過多少次與一些不是與你同住之親友見面，如去探訪他們或他們來探訪你或一起外出？

- |         |            |        |
|---------|------------|--------|
| 1. 完全沒有 | 3. 兩至六次    | 9. 無答案 |
| 2. 一次   | 4. 每天一次或以上 |        |

## B. 活動程度

下面是一些很多人都可能會在餘暇參與的活動，  
我想你告訴我你在這些活動之參與情況：

1. 從不

2. 間中

3. 經常

- |     |   |   |   |                    |
|-----|---|---|---|--------------------|
| 1.  | 1 | 2 | 3 | 閱讀(雜誌、書籍、報紙或其他刊物)  |
| 2.  | 1 | 2 | 3 | 在家看電視/錄影帶或聽收音機/音樂  |
| 3.  | 1 | 2 | 3 | 外出散步               |
| 4.  | 1 | 2 | 3 | 園藝(室內或室外)          |
| 5.  | 1 | 2 | 3 | 去看電影/話劇/演奏會/講座     |
| 6.  | 1 | 2 | 3 | 玩撲克/下棋/打麻雀/或其他室內遊戲 |
| 7.  | 1 | 2 | 3 | 運動(高爾夫、游泳、太極等)     |
| 8.  | 1 | 2 | 3 | 做自己嗜好的東西           |
| 9.  | 1 | 2 | 3 | 料理家務               |
| 10. | 1 | 2 | 3 | 去購物或逛公司            |
| 11. | 1 | 2 | 3 | 與親友在家中或在電話中間談      |
| 12. | 1 | 2 | 3 | 與親友外出飲茶或喝咖啡        |
| 13. | 1 | 2 | 3 | 你有没有參與任何義務工作?      |
| 14. | 1 | 2 | 3 | 你有没有參與任何宗教活動?      |

15. 你有否屬於任何本地、全省或全國性之小組、社團或組織？

1. 沒有                      2. 一至兩個                      3. 三個或以上

16. 你有沒有參與這些組織之聚會？

1. 沒有                      2. 間中                      3. 經常



### c. 健康狀況

以下我們想知道你在下列日常生活中是否需要別人幫助：

#### 1. 進食

3. 無需幫助

2. 需要一些幫助

1. 完全不能自己進食

9. 無答案

#### 2. 穿衣及更衣

3. 無需幫助

2. 需要一些幫助

1. 完全不能自己穿衣及更衣

9. 無答案

#### 3. 照顧自己的儀容，例如梳頭、剃鬚

3. 無需幫助

2. 需要一些幫助

1. 完全不能自己照顧自己的儀容

9. 無答案

4. 走路
3. 無需幫助 (除了靠拐杖)
  2. 需要一些幫助
  1. 完全不能自己走路
  9. 無答案

5. 上落牀
3. 無需幫助
  2. 需要一些幫助
  1. 完全倚靠別人
  9. 無答案

6. 洗澡
3. 無需幫助
  2. 需要一些幫助
  1. 完全不能自己洗澡
  9. 無答案

請回答下列一些問題：

是 不是

- |     |   |   |                       |
|-----|---|---|-----------------------|
| 7.  | 2 | 1 | 你早上起牀是否經常都覺得很精神？      |
| 8.  | 2 | 1 | 你日常生活是否都充滿令你覺得很有趣的事情？ |
| 9.  | 1 | 2 | 你有沒有試過在有些時候很想離開家庭？    |
| 10. | 1 | 2 | 你是否有覺得好像沒有人明白你？       |

是 不是

- |     |   |   |                         |
|-----|---|---|-------------------------|
| 11. | 1 | 2 | 你有没有試過在某些日子,自己覺得什麼也做不到? |
| 12. | 1 | 2 | 你是不是睡得不好?               |
| 13. | 2 | 1 | 你是不是經常都很開心?             |
| 14. | 1 | 2 | 你現在是不是被人針對?             |
| 15. | 1 | 2 | 你是不是有時覺得自己十分無用處?        |
| 16. | 2 | 1 | 在過往幾年,你是否經常都覺得很好?       |
| 17. | 1 | 2 | 你是不是經常都覺得自己身體很弱?        |
| 18. | 1 | 2 | 你是不是受頭痛所困擾?             |
| 19. | 1 | 2 | 你走路時是否脚步浮浮?             |
| 20. | 1 | 2 | 你是不是受心跳或氣喘所困擾?          |
| 21. | 1 | 2 | 就算跟其他人一起,你是不是都會覺得孤獨?    |

跟着是一些關於你健康的問題,請告訴我你的答案.

不是 不一定 是

- |     |                   |   |   |   |
|-----|-------------------|---|---|---|
| 22. | 我通常都睡得很好.         | 0 | 1 | 2 |
| 23. | 我很容易覺得疲倦及身體無力     | 2 | 1 | 0 |
| 24. | 我要定時服藥            | 2 | 1 | 0 |
| 25. | 我很少要見醫生           | 0 | 1 | 2 |
| 26. | 一般來說我的精神很好        | 0 | 1 | 2 |
| 27. | 我有一些慢性疾病(如高血壓、糖尿) | 2 | 1 | 0 |
| 28. | 我從來都沒有擔心過我的健康     | 0 | 1 | 2 |
| 29. | 我的健康情況非常好.        | 0 | 1 | 2 |

30. 我經常都有疾病及不舒服 不是 不是 是  
2 1 0
31. 與其他同你一樣年紀的人比較, 你覺得你的健康情況:
- |        |       |        |
|--------|-------|--------|
| 1. 非常差 | 3. 普通 | 5. 非常好 |
| 2. 差   | 4. 好  | 9. 無答案 |

#### D. 社會支持

1. 你有沒有一些人是你信任的?
- |       |        |        |
|-------|--------|--------|
| 1. 沒有 | 2. 可能有 | 3. 一定有 |
|-------|--------|--------|
2. 假如你病了, 或身體有問題, 有沒有人會幫助你?
- |       |        |        |
|-------|--------|--------|
| 1. 沒有 | 2. 可能有 | 3. 一定有 |
|-------|--------|--------|
3. 如果你有需要的時候, 有沒有人可以照顧你?
- |       |        |        |
|-------|--------|--------|
| 1. 沒有 | 2. 可能有 | 3. 一定有 |
|-------|--------|--------|

E. 自尊

下面是一些關於你對自己的看法，請你告訴我對這些看法的意見：

	同意	不同意
1. 我覺得我是一個很有價值的人	2	1
2. 我覺得我有些優點	2	1
3. 我有些時候會覺得我自己沒有用處	1	2
4. 我做事可以跟其他人一樣好	2	1
5. 我覺得我沒有什麼可以值得驕傲	1	2
6. 有些時候我覺得自己一無是處	2	1
7. 整體來說，我很滿意自己	2	1
8. 我對自己抱着積極的態度	1	2
9. 整體來說，我覺得自己很失敗	1	2
10. 我希望能夠更加尊重自己	1	2

F. 控制感

你是否同意下列各句子：

	同意	按情況而定	不同意
1. 對於發生在我身上的事情， 我實在能有很少的控制。	1	2	3
2. 我真沒辦法解決一些我 遇到的事情。	1	2	3
3. 沒有什麼東西我可以做去 改變我生命上的重要事情。	1	2	3
4. 我在處理生活上的問題時 常感無助。	1	2	3
5. 有時候我覺得命運弄人。	1	2	3
6. 將來有什麼事情發生在我 身上大多由我決定。	1	2	3
7. 我能夠完成那些我立志何 要去做的事情。	1	2	3

## G. 對生活之滿足感

1. 整體來說,你對目前生活之滿意程度如何:

- |           |          |
|-----------|----------|
| 1. 非常不滿意, | 4. 略為滿意, |
| 2. 略不滿意,  | 5. 非常滿意, |
| 3. 普通     |          |

2. 跟來到加拿大之前比較,你對現在生活之滿意程度如何:

- |           |          |
|-----------|----------|
| 1. 非常不滿意, | 4. 略為滿意, |
| 2. 略不滿意,  | 5. 十分滿意, |
| 3. 跟以前一樣  |          |

3. 跟五年前比較,你覺得現在生活之滿意程度如何:

- |           |          |
|-----------|----------|
| 1. 非常不滿意, | 4. 略為滿意, |
| 2. 略不滿意,  | 5. 十分滿意, |
| 3. 跟以前一樣  |          |

4. 下面是一些關於生活的句子,請你告訴我你對它們的意見:

	同意	不知道	不同意
a. 當我年紀越大,我所遇到 到的事情比我想象中較好。	1	0	0
b. 我一生中得到之運氣較我所 知的其他人多。	1	0	0
c. 現在是我一生中最苦悶的時刻。	0	0	1

		同意	不知道	不同意
d.	我現在跟年輕時一樣快樂。	1	0	0
e.	我的生活可以比現時更快樂。	0	0	1
t.	這幾年可以說是我一生中最好的。	1	0	0
g.	大部份我所做的事都是沉悶或單調。	0	0	1
h.	我預期會有些有趣及快樂的事情會發生在我身上。	1	0	0
i.	我現在所做的事情跟以前一樣有趣。	1	0	0
j.	我覺得自己老了及頗累。	0	0	1
k.	我感覺到我年紀大但這並不困擾我。	1	0	0
l.	當我回想我的日子, 我覺得幾滿意。	1	0	0
m.	就算我可以, 我也不想改變我過往的生活。	1	0	0
n.	與其他同年紀的人比較, 我在一生中做了很多愚蠢的決定。	1	0	0
o.	與其他同年紀的人比較, 我覺得我的外表頗為可觀。	1	0	0
p.	我現在已經計劃好我未來一個月或一年後做的事情。	1	0	0
q.	當我回想我過往, 大部份我想得到的都得不到。	0	0	1



		同意	不知道	不同意
r.	與其他人比較,我覺得經常都沒有心情。	○	○	1
s.	在一生中想得到的我經已得到了。	1	○	○
t.	無論別人怎樣說,一般人的生活並不是越來越好,而是越來越差。	○	○	1

問卷完畢,多謝合作

**APPENDIX III**  
**CONSENT FORM (ENGLISH VERSION)**

**LIFE SATISFACTION OF THE CHINESE ELDERLY  
IMMIGRANTS IN CALGARY**

I, \_\_\_\_\_ understand that the purpose of this research is to request for information regarding the general well-being and life satisfaction of the aged Chinese immigrants in Calgary. I understand that I will be asked to give some personal information to an interviewer. I hereby agree to do so on the following conditions:

- (a) I may decline to answer any questions if I do so wish.
- (b) I may terminate the interview and withdraw from the study at anytime. No attempt to persuade me to continue will be made.
- (c) All information I give will be kept confidential and data will be used for research purposes alone.

I accept that the researcher is not liable for any consequences affecting me arising from my participation in this study. I also understand that this study will involve approximately one and a half (1.5) hours of my time and that I will receive no remuneration for my participation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## APPENDIX IV

## CONSENT FORM (CHINESE VERSION)

同意書卡城長者生活滿足感調查

我 \_\_\_\_\_ 明白這次調查目的是希望搜集有關卡城長者生活滿意程度，以及普通福利上的資料。我明白我要將個人資料供應給調查員。在此我同意下列各項：

- 1) 我對以上問題我可以隨時不作出回答。
- 2) 我可以隨時終止及退出調查，不能勉強我繼續作答。
- 3) 所有資料絕對保密，以及只作研究之用。

我同意在參與這次調查中，調查員不須對我所答之任何結果作出負責。我明白這次調查須時約個半小時，以及沒有任何報酬。

---

日期

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簽署