

**Providing Care for Elderly Chinese People in Ottawa: The Case of The Glebe Centre as a
Multicultural Long-term Care Providing Facility**

Master's Thesis

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Abstract

With the increasing number of Chinese immigrants settling in Ottawa, aging immigrants encounter a new challenge to move to a multicultural long-term care service center, when moving to a long-term care service center can be challenging for all elderly people. At the same time, it is also a challenge for long-term care service centers to understand immigrants' needs and integrate Chinese culture into the provision of long-term care service. This thesis provides insights into the current state of the long-term care service for elderly Chinese people in Ottawa, using The Glebe Centre as a case study. It discusses major factors influencing the acculturation process for elderly Chinese people in a multicultural long-term care center and sheds light on how residents and their families negotiate with the health care organization for culturally specific services. In addition, the thesis has explored major challenges for The Glebe Centre when understanding Chinese residents' needs and integrating multicultural long-term care services in practice. Apart from contributing to existing research on health communication and culture, the thesis also offers suggestions that can help multicultural long-term care service centers to address cross-cultural misunderstandings with the Chinese community and improve the quality of long-term care services for Chinese immigrants in the future.

Keywords: Case study, Culturally appropriate long-term care services, Elderly Chinese people, Health communication, Intercultural communication, Multicultural long-term care service centers

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Chapter 1: Introduction

Geographic Features of Elderly Chinese Immigrants in Ottawa

According to the multiple case-based report by Social Planning Council, Canadian Heritage and United Way Ottawa (2008), and the data from Citizenship and Immigration Canada (2015), the elderly Chinese community has the following geographic features. First, within the immigrant group of 65 years old or more, Asia and Pacific area has the largest population in Canada (51.4%) and the Chinese is a significant component (Citizenship and Immigration Canada, 2015). Second, the community has a very long history of settlement in Ottawa, dating back as far as the 1890s, which brings about intergenerational issues (Urquhart, Social Planning Council & United Way Ottawa, 2008). For example, the first-generation immigrants can hold different opinions towards health and illness issues with their children who are born and raised in Canada. Third, the population aging trend and baby-boom effect take on their tolls, as evidenced by the high demand for specific community services for elderly people (Urquhart, Social Planning Council & United Way Ottawa, 2008). Under the circumstances, aging immigrants are more likely to experience social isolation due to language and cultural barriers in many aspects, long-term care service¹ being one of the most evident and inevitable issues. Ottawa has realized this challenge for elderly immigrants and gradually established a solid infrastructure of institutions and organizations to meet the growing needs. For example, multicultural long-term care service centers are being built to provide specialized health care services. This thesis examines the current situation (in 2015 and 2016) of long-term care services for elderly Chinese people in Ottawa utilizing a case study of The Glebe Centre, including how language and other

¹ Long-term care service refers to a wide range of supportive services and assistance provided to persons who, as a result of chronic illness or frailty due to loss of independent in their daily life. (Sperson & Hegeman, 2002).

cultural differences influence their acculturation² in a multicultural long-term care service center.

A Basic Understanding of the Retirement Life of Elderly Chinese Immigrants in Canada

Da and Garcia's (2010) study on socio-cultural adaption of elderly Chinese immigrants has described several unique situations of elderly Chinese immigrants in Canada. First, for immigrants who move to Canada after they get retired, they are both caregivers and care-receivers in the family. For these elderly, taking care of their grandchildren as requested by their children is a stronger reason to come to Canada than being cared by their children. Apart from providing reliable babysitting, elderly immigrants can also help with the housework. Second, although invited by their children to move to Canada, a number of elderly immigrants who have spent most of their lives in China prefer to live by themselves after immigration, owing to their previous educational backgrounds and career experiences, they still look forward to having a strong sense of independence in their lives, and living with adult children can be regarded as being dependent on their children (Da & Garcia, 2010). Third, religious participation becomes an important part of elderly people's social life. Participating in religious activities is a popular way to socialize for elderly immigrants as it is an effective means to build connections with other Chinese people in the community. Some elderly immigrants become Christians after they move to Canada (Da & Garcia, 2010).

² Acculturation is a process characterized by changes in people's culture in order to fit into the mainstream culture in society (Sam, 2000).

An Overview of Long-Term Care Services for Elderly People in the Context of Chinese Culture

In the context of this thesis, it is important to learn about how elderly Chinese people perceive long-term care services for the aging population. Chinese people, especially the seniors are inclined to stereotype the long-term care center as an unpleasant location because to live in a long-term care center is culturally deemed as living in poor health and regularly relying on care providers' help (Feng, Liu, Guan, & Mor, 2012). Many elderly people living in a long-term care center in mainland China face social pressure arising from deep-seated Chinese traditional Confusion culture; living in a long-term care center can be regarded as suffering from an unhappy retired life or being ignored by their children (Mujahid, Kim, & Man, 2011). Chinese Confusion culture emphasizes that children should take care of their parents in person at home when they are getting old; therefore, to live in a long-term care center is the last choice for elderly people when they have to receive constant medical care. Thus, Mujahid, Kim, & Man (2011) have posited that this belief can impede the acculturation process for Chinese residents who move to a long-term care center.

According to the China Center for Research on Aging (2007), the major reasons for elderly people seeking long-term care in China are as follows: when children are unable to provide care at home (44%); when living conditions in long-term care centers are better than that of their homes (39%); and when not wishing to cause trouble to one's children (16%).

However, Feng, Liu, Guan, & Mor (2012) have pointed out that the filial piety, one of the important values of Confusion culture, is evolving for both elderly people and the young people. With the urbanization process, there is massive out-migration from rural areas to urban areas and immigration aboard. These urbanization trends bring about two obvious changes in the

traditional values (Feng, Liu, Guan, & Mor, 2012): a) elderly people have started to look for independence such as a private life space instead of insisting on living with their adult children and b) elderly people have an increasing tolerance towards living in a long-term care facility, which are consistent with Da and Garcia's (2010) findings.

The Important Role of Language and Culture in Health Communication

Although Mujahid, Kim, and Man's report (2011) has shown that nearly 68% of the Chinese immigrants have some degree of knowledge of English, French or both, unfortunately the 14% of people who claim that they have knowledge neither in English nor French are mostly elderly immigrants. For elderly people staying in a long-term care center, there are several common challenges resulting from language barriers in an intercultural communication³ environment. One such challenge is that the long-term care service centers cannot afford to employ enough Chinese (either Mandarin or Cantonese) -- English bilingual nursing staff members and thus residents have to communicate with sign languages or other forms of nonverbal cues with the nursing staff members, resulting in ineffective health care services (Armstrong, 2009).

Based on Chow's (2012) research on health care service needs and factors influencing the retirement life quality of elderly Chinese immigrants in Canada, there are three major cultural appeals that have direct effect on elderly Chinese immigrants' quality of life: first, long-term care facilities that are capable of providing culturally specific services, second, senior activity centers in the community that offer culturally appropriate entertainment programs, and third,

³ Intercultural communication involves efforts designed to prepare people for more effective interpersonal relations when they interact with individuals from cultures other than their own (Carbaugh, 1990; Paige, 1992).

homemaker services that maintain a clean and comfortable living environment for elderly Chinese people when they are no longer able to do the housework with declining health.

Stakeholders in the Process of Long-term Care Service Provision for Elderly Chinese People

As discussed earlier, the long-term care service can be essentially an unpleasant terminology even within a unitary culture because elderly people, as care-receivers, have to rely on assistance from health caregivers and also their families who perform as the extension of the elderly (Armstrong, 2009). According to the observation and the personal experience of the researcher of the thesis, in the process of health-care provision, apart from the elderly people and the long-term care center, there are multiple stakeholders.

The first stakeholder in this study includes residents and residents' families. Although residents are most frequently involved with the health care organization, their families are equally important in the study. For elderly people living in a long-term care facility, family members act as power of attorneys who are authorized to make decisions for the elderly people in terms of medical treatments. The group of family members is specially worth engaging for two reasons. First, families represent residents to communicate with the organization and second, as families cannot stay with the residents all the time, a potential conflict may arise in the communication process resulting from the gap between the expectations of the families and the actual health care outcomes.

The second stakeholder group is the administrative staff members of the long-term care service center who are responsible for daily operations in the Chinese unit and communication issues with residents' families. Taking the complicated multicultural environment into consideration, administrative staff members must make extra efforts to strike a balance between

residents' expectations and available resources to satisfy residents' various cultural needs. For a multicultural long-term care center, it is important to discuss how to strike a balance between the dominant culture and other sub-cultures when making decisions. For decision makers, is it possible to make a list of culturally appropriate priorities in the decision-making process? For example, if they have a grant, will it be first invested in adding more Chinese spiritual activities such as Bible studies in Chinese or providing more Chinese food during meal times?

Third, the board members of The Glebe Centre play an important role in this study because for a charity organization like The Glebe Centre, the board members own the power to make policy-related and fiscal decisions. Board members are also required to be completely third-party persons who cannot financially benefit from The Glebe Centre in any aspect (The Glebe Centre, 2016) so board members with a Chinese cultural background have sufficient experiences and unique perspectives on how organizational policies and governmental regulations influence the service provision for the Chinese unit.

Brief Introduction of The Glebe Centre

The Glebe Centre is an accredited not-for-profit long-term care home in Ottawa that provides the largest scale of specialized service, including long-term care service for elderly Chinese people. Founded in 1886 and having its modern technical building built in 2004, The Glebe Centre currently houses a total of 254 residents in two connected buildings, including a separate unit only for 32 Chinese residents, which has been strongly supported by the Chinese community. English and Chinese, either Mandarin or Cantonese, bilingual speaking nursing staff members are employed to ensure a better communication with the Chinese residents (The Glebe Centre, 2016).

Research Questions:

Against the above backdrop and based on the researcher's volunteer experience at the chosen long-term care facility, the researcher raises the following three research questions:

- 1) From the perspective of Chinese residents and their families, what are the major factors influencing the acculturation process in a multicultural long-term care center? How do they negotiate with the health care organization for culturally specific services?
- 2) From the perspective of the administrative staff members of The Glebe Centre, what are the major challenges when understanding Chinese residents' needs and integrating multicultural long-term care services in practice?
- 3) What is The Glebe Centre expected to do in order to make better use of limited financial resources in designing culturally appropriate programs?

Structure of the Thesis

Following Chapter 2, Chapter 1 is dedicated to a comprehensive review of literature for the thesis. The literature review is divided into five sections: first, relevant concepts, such as health communication, health literacy, and long-term care service are discussed; second, models and methodologies applied to relevant research in intercultural communication contexts that help to formulate the interview questions are described; third, a general geriatric assessment of elderly Chinese people, including a basic understanding of retirement life of elderly Chinese immigrants in Canada, perception of health care services in the context of Chinese culture, and other geographic information of elderly Chinese people are presented. Fourth, ethnographic strategies that help inquired about specific phenomena in organizations and informed the research design

for the thesis are included. Lastly, an overview of the organizational culture in long-term care service centers is presented.

Chapter 3 includes the methods that was employed in this study. First, the rationale for and merits of adopting grounded theory and case studies methods for the research are discussed. Following that the data collection and data analysis procedures are presented, including how the researcher ensured validity of the analysis based on the grounded theory coding method. The recruitment standard for interview participants and background information of the final chosen interviewees are described. Ethical considerations are also discussed in this chapter.

Chapter 4 presents the findings after a meticulous data analysis. The chapter narrates findings abstracted from the participants' personal stories and experiences of communication with The Glebe Centre that answer the research questions.

Chapter 5 focuses on a further interpretation and discussion of the findings generated in the Chapter 4. A model illustrating elderly Chinese immigrants' acculturation process in The Glebe Centre is created based on the results of data analysis. The chapter also discusses implications of the findings for research, practice, and policy.

Finally, Chapter 6 summarizes the whole study, highlighting its important findings. It also presents limitations of the study and recommendations for future research on long-term care services for immigrants from different cultural backgrounds and for Canadian health care institutions to better communicate with the Chinese community.

Chapter Summary

The introduction chapter set up the background for the thesis and put forward the issue of long-term care services for elderly Chinese immigrants in Ottawa. The chapter first briefly

introduced basic geographic information of Chinese immigrants, especially elderly immigrants at the age of 65 or more. Then it brought light to several relevant issues for a preliminary understanding of the research topic, such as the typical retirement lifestyle of elderly Chinese immigrants in Canada, an overview of the long-term care service for Chinese immigrants, and elderly Chinese people's perception of health care and long-term care services. In addition, factors that affect the process of provision of long-term care services such as language and culture were touched on. All stakeholders involved in the process were covered. At the end of the Chapter 1, the researcher raised three major research questions for the whole study and introduced The Glebe Centre where the case study took place.

In the next chapter, the researcher will review relevant literature covering the following aspects: concepts such as health communication; models and methodologies that were applied in previous studies focusing on health care in an intercultural environment; assessment of elderly Chinese immigrants' retirement life in Canada; elderly people's perceptions of health care in the context of Chinese culture; and organizational culture of long-term care facilities.

Chapter 2: Literature Review

This chapter first reviews relevant concepts such as health communication, health literacy, and long-term care service. In addition, under the theme of language and culture in health communication, models and methodologies applied in an intercultural context are described. Before the discussion of long-term care services for elderly Chinese people in Canada, an overall picture of elderly Chinese immigrants' retirement life in Canada is painted in which elderly people who come to Canada as the first-generation immigrants and those who move to Canada after retirement from China are included. Apart from the overall picture of elderly immigrants' life, general geographic information of Chinese immigrants is covered. Following that, a brief geriatric assessment of elderly Chinese people, including the general health condition of elderly Chinese immigrants, a basic understanding of health care services, especially long-term care services in the context of Chinese culture is presented. Finally, an overview of organizational culture in long-term care service centers is provided at the end.

Health Communication, Health Message and Health Literacy

According to Schiavo (2013), health communication is a developing and remarkable field of study influencing both public health issues and the nonprofit and commercial sector. It is “an area of study that simultaneously allows one to look at the creation of shared meanings and at the impact of messages on health and health care delivery” (Thompson, Dorsey, Miller, & Parrott, 2003, p.1). As a field of study, health communication encompasses many aspects, “serving as an umbrella term describing strategies used to inform people about personal and public health issues and risks” (Hoffman-Goetz, Donelle, & Ahmed, 2014, p.16).

Health communication involves formulation of health policies and programs in which health messages are an essential component to help achieve communication goals. With proper use of health messages, “health communicators inform, convince, and motivate their audiences for behavior change,” so these deliberately designed messages require meticulous consideration (Cho, 2012). According to Cho (2012), audience-centered message design approach has listed several issues that should be given priority to when designing health communication projects and programs, such as literacy level, audience appeal, effects of visual display, and dissemination or delivery platform.

When developing health communication strategies, attention should be paid to intended audience’s mastery of sufficient health literacy skills to interpret these health messages, especially in an intercultural communication context (Cho, 2012). Gracie, Moon, and Basham (2012) have stated that the effect of medical treatment for elderly people is closely associated with their level of health literacy. The understanding of health literacy is built upon the definition of literacy. Early definition described it as “the ability to understand and employ printed information in daily activities, at home, at work, and in the community, to achieve one’s goals and to develop one’s knowledge and potential” (Statistics Canada, 1997). Based on this, health literacy was defined by the U.S. Institute of Medicine (2004) as: “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (p.4). Latest definitions have reflected a trend in emphasizing the capacity of a general population than a specific person. For example, the Canadian Expert Panel on Health Literacy defined health literacy as “the ability to access, understand, evaluate, and communicate information as a way to promote, maintain, and improve health in a variety of settings across the life-course” (Rootman & Gordon-El-Bihbety, 2008,

p.11). This definition recognizes the dynamic nature of the everyday life context shaping health literacy skills (Hoffman-Goetz, Donelle, & Ahmed, 2014).

According to Gracie, Moon, and Basham (2012), elderly immigrants who immigrate from developing countries are more likely to suffer from the negative consequences emanating from the lack of health literacy. These consequences include elderly immigrants having poorer health status, lack of knowledge about medical care and medical conditions, and decreased comprehension of medical information. For example, elderly immigrants from developing countries may not be able to read and understand written medical instructions owing to the language barrier. They may not be able to comprehend information if it is written with medical jargons. As such, Gracie, Moon, and Basham (2012) have concluded health literacy has an impact on the effect of health care services. Elderly people with adequate health literacy skills are able to not only read and understand medical information but also utilize resources in the health care system (Coffman & Norton, 2010).

The Important Role of Language and Culture in Health Communication

Although language is a significant variable affecting culture, there are more profound reasons for the occurrence of cultural misunderstandings between health care providers and clients who speak different languages. Even if health materials are translated into the patient's first language, presented in reader-friendly words or even with pictures and cartoon, immigrants from diverse cultures may still not understand the materials if the creation of information still follows the perception of health and illness based on its local culture. As Simich (2009) argued:

A narrow understanding of health literacy as functional verbal skills unfortunately still prevails among service providers. When this approach is applied to immigrants in Canada who are not proficient in official languages, the social and cultural context

of communication practices are neglected and the meanings of important messages are lost. (Simich, 2009, p.8).

Based on Simich's (2009) statement, language should be considered in a broader way as part of the culture instead of a separate construct.

Hoffman-Goetz, Donelle, and Ahmed (2014) have deemed that culture is a crucial factor for a health organization because culture affects how organizations use health literacy skills and how they integrate different cultural values to create a culturally safe environment. In addition, Hoffman-Goetz, Donelle, and Ahmed (2014) have enumerated models and strategies for health organizations to achieve the goal to promote health literacy and integrate cultural values in the organizational life. For example, by applying the cultural reflection concept, a health care organization can self-evaluate whether the health care services they provide are recognized by clients from other cultural backgrounds.

Davis and Resnicow (2011) have deemed that attention to culture is essential because culture can shape patterns of health behaviors that may influence health outcomes Davis and Resnicow (2011) have further illustrated how culture can affect communication by "determining audience members' preferences and reactions to different message styles" (p.116), for instance, difference in the use of narratives for conveying information.

Specific models and strategies that view culture as a decisive element for shaping people's behaviors are reviewed in the following section.

The cultural variance framework, targeting and tailoring health messages

In order to describe how culture influences health behaviors, Davis and Resnicow (2011) have designed the cultural variance framework, setting three vital elements: identity affiliation, cultural attributes, and contextual attributes as variables and then applied the model to actual cases to explain health behaviors.

According to the cultural variance framework for multicultural organizations, two dimensions help explain Chinese residents' behaviors in a multicultural environment. The first one, identity affiliations, refers to a subjective culture with which "an individual self identifies himself/herself and primarily tends to draw upon when enacting beliefs, behaviors, norms, roles, values and assumptions" (Davis & Resnicow, 2011, p.119). The other variance, cultural attributes, denotes the specific beliefs, norms, values, and behaviors that compose individual's self-defined cultures.

Apart from the cultural variance model, Davis and Resnicow (2011) have also put forward targeting and tailoring, two strategies that can be used to improve cultural appropriateness when designing health messages of health promotion events such as healthy diet habits. Targeting is regarded as the use of group-level data to customize health messages for a specific homogeneous audience group, influencing determinants of a specific health outcome. On the other hand, tailoring, although also aims at improving cultural appropriateness as targeting, consists of a higher degree of customization and more specific audience segmentation where each audience member receives a unique combination of health messages based on the individual data (Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra, 2008). When targeting and tailoring are based on cultural data, these strategies are often called "cultural targeting" and "cultural tailoring" (Kreuer, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2002). Davis and Resnicow (2011) applied the strategies to study a diet change of African Americans in the U.S. by making a comparison between the efficiency of targeting and tailoring when intervention occurred among the ethnic group. Findings of Davis and Resnicow's (2011) study have shown that tailoring has an edge over targeting. Tailoring strategy used in the intervention of the diet study created an identity affiliation which was beyond a mere sense of belonging to an ethnic

group for the African Americans. This identity affiliation reflects a homogenous behavioral pattern. This pattern reflects cultural aspects rooted in peoples' ethnic identities. Nevertheless, Davis and Resnicow (2011) have reminded that there is a prerequisite for the tailoring strategy: "to the degree that a population is culturally heterogeneous, culturally tailored messages may enhance effectiveness" (p.118), which means unless members of a population are highly homogeneous in appeals of a field, targeted messages will not be sufficient enough to achieve the population's behavior changes.

Cultural awareness, cultural competence and cultural safety models

Hoffman, Donelle, and Ahmed (2014) have argued cultural awareness is the stepping stone in the process to promote health literacy and eliminate inequities in the Canadian health industry. Cultural awareness involves a broad range of people's social lives. It observes how people carry out their daily lives and how they culturally locate themselves in society as a sub-cultural group member. Being "culturally aware" means people paying attention not only to tangible aspects of culture (e.g., greeting, courtesies) but to those intangible, however more decisive factors in one's culture (e.g., concept of self) (Hoffman, Donelle & Ahmed, 2014). Similar descriptions and discussions can be found in an early definition of external and internal aspects of one's ethnic identity raised by Isajiw (1990). Table 2.1 provides a brief comparison, classifying two layers of cultural awareness with detailed examples.

Table 2.1: Example of layers of cultural awareness

Primarily in awareness	Primarily not in awareness
-dress -literature	-concept of beauty -work tempo
-dancing -cooking	

-music	-drama	-concept of justice	-eye contact	-
-games	-art	cosmology		
		-arrangement of space	-nature of friendship	
		-concept of self	-ordering of time	
		-theory of disease	-conversational pattern	
		-notions of leadership		

Adapted from *Health literacy in Canada*, p.87, by Hoffman-Goetz. L, Donelle. L, & Amed, R, 2014, Canadian Scholars' Press.

Cultural competence is a progressive concept in the context of Canadian health care. The U.S Office of Minority Health defined cultural competence as a set of congruent behaviors, attitudes, and policies reflected in a system, agency, or among professionals that enables effective work to serve people from different cultural backgrounds (U.S. Department of Health & Human Service, Office of Minority Health, 2005). From a macroscopic perspective, it reminds governments and health care organizations to take cultural influences on patients into considerations when making policies; meanwhile from a microcosmic perspective, it encourages people engaged in health promotions and practitioners to infuse the sense of cultural appropriateness into their professional medical knowledge. Hoffman, Donelle, and Ahmed (2014) have provided an example of a policy made for health-care organizations in Canada to achieve cultural competence: when patients who are non-native speakers of English or French are informed of health messages, information should be adjusted based on their differing cultural recognition about health, illness, and treatment.

Compared to cultural competence focusing on application of health messages for an ethnic group, cultural safety “shifts the narrative to what matters to the individual” (Hoffman, Donelle, & Ahmed, 2014, p.88). Kleinman and Benson (2006b) have also addressed that cultural safety is a subjective opinion for the experience of the person. Papps and Ramsden (1996) have been convinced that cultural safety is not the sheer awareness of the customs of a given ethnic group or rigid adaptations for clinical situations from practitioners’ standpoints; rather it refers to mutual recognition and shared respect for individual differences and an understanding of the differences in power relationships between the health service provider and the individual. Therefore, cultural safety is “the outcome of culturally competent care (National Aboriginal Health Organization, 2008, p.8).” Table 2.2 shows how each level of cultural reflection can be applied to health literacy practice.

Table 2.2 Cultural reflection concepts applied to health literacy.

Cultural reflection	Application to health literacy	Example of what this may mean in practice
Cultural awareness	Health information provider realizes importance of culture in information exchange	Creation of language appropriate written materials
Cultural competence	Health information provider realizes importance of culturally supportive environment	Involvement of linguistically and culturally congruent navigators/interpreters in health information exchange

Cultural safety	Health information provider actively creates environment where individual feels culturally safe and without risk	Provision of safe physical, emotional, and spiritual space where health and cultural conversations are not compromised; traditions are valued and encouraged
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Adapted from *Health literacy in Canada*, p.89, by Hoffman-Goetz. L, Donelle. L, & Amed, R, 2014, Canadian Scholars' Press.

The ethnic identity and aging

The previous section documented how Apker (2012), Hoffman-Goetz, Donelle, and Ahmed (2014), Davis and Resnicow (2011) discussed the significance of culture for provisions of health care. As culture can determine the way that people seek medical treatment and communicate with health care providers, the importance of cultural knowledge cannot be ignored that reflects behaviors of a certain population (Lai, 2012). Taking the ethnic identity as one of the factors that effects culture, Lai (2012) studied the relationship between elderly people's ethnic identities and aging care, exploring how culture specifically effects health care services for elderly people.

Ethnic identity refers to how individuals psychologically perceive themselves within social systems according to their ethnic origins (Dickson & Timble, 2005; Isajiw, 1990; Phinney & Ong, 2007). Ethnic identity includes external aspects and internal aspects of people's behaviors. External aspects usually refer to observable behaviors such as maintaining ethnic traditions, speaking an ethnic language, and taking part in social activities within their own ethnic networks and organizations sponsored by the ethnic communities. Internal aspects include people's feelings, self-perceived images, and attitudes that they hold (Isajiw, 1990).

Based on Lai's (2012) quantitative study on how elderly people's ethnic identities influence the aging process among 2000 elderly Chinese immigrants across Canada, Lai (2012) disapproved of the early double-jeopardy hypothesis by Dowd and Bengtson (1978) which considered that the disadvantages of aging would be aggravated elderly people's ethnic origins, implying that the more elderly people adhered to cultural values and beliefs that were rooted in their origin ethnicities, the more challenges they would face. On the contrary, Lai (2012) held that aging would help improve elderly people's quality of life; Lai (2012) approved of the "compensation theory" by different scholars which regarded elderly peoples' ethnic origins as resources to assist them in adjusting their life status, maintaining their ethnic social networks, and not disturbing their self-perceptions of their identities (Cool 1981; Gee 1999; Karlsen and Nazroo 2002; Sokolovsky 1985; van Dijk 2004). The double-jeopardy hypothesis was refuted by other scholars. According to the findings of Carreon and Noymer (2011), Ferraro and Farmer (1996) and Simic (1993), instead of being detrimental to elderly people's overall well-being, behaviors traced from their original ethnic identities were able to help harmonize their family relation, reducing the friction between the old and young generations (Carreon & Noymer 2011; Ferraro & Farmer 1996; Simic 1993).

In conclusion, Lai (2012) has stated that the ethnic identity is an important element in health promotion and care for the elderly, especially at the acculturation process when elderly people have just moved to the long-term care center. Sasson (2001) pointed out that ethnic behaviors, for example, observable behaviors such as keeping ethnic traditions, speaking one's own ethnic language, were found to be valuable tools that were positively associated with elderly people's behaviors to get adjusted to the life at a long-term care facility. Accordingly, Lai (2012)

inferred that the advantages of understanding elderly Chinese immigrants' ethnic identities cannot be ignored by health-care providers.

An Overall Picture of Elderly Chinese Immigrants' Retirement Life in Canada

Da and Garcia's (2010) study has reflected elderly Chinese immigrants' settlement experience in Canada from diverse aspects. The first important finding is that elderly Chinese immigrants are both caregivers and care-receivers. They would prefer to stay in China unless their children asked them to move to Canada to help attend the grandchildren so it would be a stronger reason for elderly immigrants to settle in a strange country to play the role as caregivers. Chow (2012) has also pointed out filial piety is rooted in Chinese culture that encourages adult children to care for their aging parents in person; however, at the same time the traditional cultural norm has also implied that taking care of grandchildren is part of the elderly's responsibilities.

Da and Garcia's (2010) second finding is congruent with Chow's (2012) research: after elderly people move to Canada, influenced by Canadian culture, their typical family structures in which three generations live together have gradually changed, leading to elderly immigrants' preferences for living independently. Da and Garcia (2010) explained the phenomenon from the cultural background of the immigrants from mainland China: back in China, elderly people are homeowners and consider themselves as backbones of the family who are influential; therefore, to become an immigrant is, to some extent, considered as being dependent on their children again, which also explains one of the reasons why elderly immigrants become less reluctant to

move to long-term care centers. The choice of residence in long-term care centers is made by themselves and reflects their independent life attitudes.

Da and Garcia's (2010) study and Chow's (2012) study both have reported that elderly Chinese immigrants perceive remarkable improvement in life quality after moving to Canada; for instance, they have more spacious housing, better customer services when shopping, cleaner air and water, safer food, and especially better health care programs and elderly pension benefits. However, Da and Garcia (2010) tend to attribute greater life satisfaction for elderly people to external conditions, for example, sufficient economic resources, independent living arrangements, and availability of Chinese food, Chinese newspaper publications, and Chinese TV programs. By comparison, Chow (2012) has proposed a positive link between elderly immigrants' life satisfaction and their internal conditions that focus on elderly people themselves, such as elderly's physical health. Chow (2012) has deemed that the more physically mobile the elderly people are, the more likely they will express happiness in life.

Finally, elderly Chinese immigrants' social life is discussed. Da and Garcia (2010) have demonstrated elderly Chinese immigrants' social life mainly from their participation of religious activities and English classes, two of the most common events for elderly immigrants to build their social networks in Canada. Chow's (2012) has argued that the neighborhood is the center of elderly immigrants' social life in which "supportive relationships can be established and maintained (p.354)."

The ethnic identity of elderly Chinese people in Canada

As discussed earlier, elderly people's ethnic identities play an inevitable role in their life in Canada. Lai (2012) has argued that the ethnic identity of elderly Chinese immigrants in Canada is not "a single-dimension construct but one with multiple dimensions" (p.113). Lai (2012) has

created a four-factor model to subcategorize Chinese immigrants from diverse aspects, including participation in cultural activities, community ties, linkage with the country of his/her origin, and the cultural identification. Based on this model, a general picture of elderly Chinese immigrants can be envisaged with the following features.

First, elderly people, who have a higher level of participation in cultural activities, such as listening to Chinese radio programs, watching Chinese TV shows or reading Chinese publications, having Chinese close friends, and eating special Chinese food for Chinese holidays and special events, are more likely to be immigrants from Mainland China and Hong Kong with shorter length of residency in Canada. They tend to be younger in age, be married, believe in a non-western religion, such as Buddhism, have an elementary or secondary education level, and have higher self-rated English competency (Lai, 2012).

The second component of elderly Chinese immigrants' ethnic identity, community ties denote whether the person's social network is tightly connected to the Chinese community and whether the person attends Chinese social functions. Elderly Chinese people with higher level of community ties are usually male immigrants from Taiwan with longer residency in Canada, believing in a western religion such as Christianity, having a post-secondary education or above, and a better self-rated financial income (Lai, 2012).

Third, when a Chinese immigrant often returns to China and visits his/her place of origin, he/she is considered having a strong linkage with his/her country of origin. Lai (2012) has found that immigrants who have strong linkage with country of origin is significantly associated with those immigrants having higher education level and higher level of self-rated financial income. Immigrants from places other than mainland China and Hong Kong are inclined to have a stronger linkage with his/her country of origin.

The last factor, the cultural identification, is directly associated with a person's educational background. Immigrants with a higher level of cultural identification tend to self-identify as "Chinese" and approve of the importance of Chinese culture. This group of people have received at least post-secondary education.

In conclusion, Lai's (2012) findings tend to show that among elderly Chinese immigrants belong to diverse small cultural groups characterized by different geographic regions. These findings were consistent with Davis and Resnicow's (2011) instruction to apply the tailoring strategy when designing health communication programs. In order to accurately target the Chinese audience, it is expected to further segment them into smaller groups with higher cultural homogeneity.

⁴Gerontological Studies of Elderly Chinese Immigrant in Canada

The general health condition of elderly Chinese immigrants

Chow's (2010) earlier qualitative study on the physical and psychological health condition of elderly Chinese immigrants revealed that over two third of the respondents rated their health conditions in "very good"(32.3%) or "good" (37.8%) condition; only one third of the participants said they visited family doctors once per month. The most frequently reported chronic illnesses were rheumatism, high blood pressure, stomach problems, diabetes, and heart problems. However, Chow (2010) has also pointed out that cultural factors need to be considered when interpreting the results based on Chinese seniors' self-reports of their health: most Chinese seniors believe that they should be tolerant of their declining health condition. For example, a certain degree of pain in the body can be considered as "natural" or "normal," which may

⁴ The scientific study of the process and problems of aging (*Stedman's Medical Dictionary*, 2006).

restrain them from receiving proper medical care in time. In this case, Chow (2010) assumed that the finding of the study that 32.3% of the elderly Chinese people rated their health conditions “very good” implied their lower expectation of health. More studies are required to accurately reflect elderly Chinese immigrants’ health conditions.

Perception of long-term care services in the context of Chinese culture

As mentioned above, Chinese people, especially the seniors are reluctant to “be sent” to long-term care centers but this convention has been eroded in recent years (Feng, Liu, Guan, & Mor, 2012).

In China, long-term care centers used to be stereotyped and stigmatized as a place for “people have none of three things,” referring to people with no children, no income, and no relatives who have to be supported by public welfare systems (Feng, Liu, Guan, & Mor, 2012), let alone the existing cultural bias that to live in long-term care centers means bad quality of life, living in poor health and inevitably relying on care providers’ help (Armstrong, 2009). As Chinese Confusion culture has been deeply embedded in Chinese culture and filial piety is one of the core representative values which defines children’s responsibilities as being aging parents’ providers of long-term care services, including time of company and financial supports (Feng, Liu, Guan, & Mor, 2012). Influenced by this value, for a number of elderly Chinese people, they confront a contradiction in which elderly people either bear the social pressure to choose to live in a long-term care center, at risk being regarded as suffering from an unhappy retired life and ignored by their children in their social network or feel guilty being their adult children’s burden because in reality, not all adult children can afford the time or money to take care of their parents (Feng, Liu, Guan, Mor, 2012). For example, it is a common dilemma for adult children whether to work in the local city with less income or to work in big cities, far away from home, with

better income but less time to accompany their parents. Feng, Liu, Guan, and Mor's (2012) finding is congruent with the survey result from China Center for Research on Aging (2007): 44% of the respondents said they chose to live at long-term care centers because their children were unable to offer care facilities at home. Therefore, for elderly Chinese people, to live at a long-term care center is the last choice when they need constant medical care. In the survey, there were 16% of respondents expressing that "wishing not to cause trouble to their children" was the most important reason for them to go to long-term care centers, reflecting Feng, Liu, Guan, and Mor's (2012) description of elderly Chinese people's social pressure. Mujahid, Kim, and Man (2011) have shared a same concern that this belief can impede the acculturation process for elderly people to move to a long-term care center and impair elderly people's psychological well-being.

However, Feng, Liu, Guan, and Mor's (2012) study has showed the tradition that home is elderly's mainstay after retirement has been evolving. The first reason is that the process of urbanization makes it difficult for young people who migrate to urban areas for better career development to fulfill their responsibilities for their parents as mentioned above. For young people born and raised in urban areas, they are faced with another problem: a young couple need to take care of four elderly people in the family because China's one child policy has led to a common 4-2-1 family structure (four grandparents, a couple of adult children, who are also the only child in the family and one grandchild). In addition, with the increasing number of young people migrating overseas, elderly people have to immigrate as well if they hope to live with their children. Current demographic and socio-economic changes are shaping elderly people's opinions on institutional elderly care facilities.

According to Feng, Liu, Guan, and Mor (2012), there are two obvious changes in the perceptions towards aging care and later stage in life for elderly Chinese people. One significant change is that elderly people become more open-minded and accept the fact that their children may not stay close with them. They start to request autonomy and independence in living arrangements. The other change lies in the attitude and belief towards long-term care services and long-term care centers. Elderly Chinese people have confidence in the professional health care services provided by long-term care facilities. Based on the early survey from China National Committee on Aging (2007), 39% of the respondent (i.e., elderly people) believe the living condition in long-term care facilities are better than that of their home, which implies that a proper cultural promotion is likely to change elderly people's stereotypes towards long-term care facilities.

Review of Ethnographic Strategies

Czarniawska (2008) deemed that traditional ethnographies were not the best approaches to study contemporary organizations because the process of organizing referring to practices and structural changes of the organizations stabilized by repetitions and other cultural forms, often occurred simultaneously in many places. Therefore, she replaced these traditional methods with some alternatives that could compensate for the shortcomings of previous methodologies used in the field of communication to study the emergence of practices and structural changes of the organization itself.

In the thesis, the researcher combines her own volunteer experiences and interview data within the case study method; therefore, it is necessary to review ethnographic strategies that are

applied to empirical case studies conducted in organizations. The ethnographic strategies that inspired the design of this thesis and guided the researcher's observations are presented below.

Person-centered care value in long-term care services

Observation of elderly Chinese people's group activities by the researcher was a unique component in the study. The standards from the person-centered care value provided the researcher with guidance to observe the activities and evaluate elderly people's life status at The Glebe Centre.

Kitwood (1993) said in his study, in the last decade, person-centered care (PCC) that "value[s] people as individuals" in delivering health care has been the dominant methodology for dementia studies. In 2004, Brooker further enriched this concept by adding four dementia related ingredients (V + I + P + S) to the concept where "V" represented valuing a person with dementia and those who care for them; "I" meant treating people as individuals; "P" stood for the perspective of the person with dementia; and "S" referred to providing a positive social environment in which the person with dementia could experience respectful treatment. Previous studies have shown that caregivers manage to apply the PCC approach to reduce the use of antipsychotic drugs in people with dementia (Fossey et al., 2006) and improve agitation behaviors remarkably (Chenoweth, King, Jeon, & Brodaty, 2009). PCC has also been popular as a key standard in dementia care management in Australia and most European countries (e.g., France, Netherlands, Norway, the United Kingdom, Portugal, and Czech Republic). PCC approach has also obtained satisfactory results in other Asian countries. For example, a recent study by Zhong and Lou (2012) documented the successful use of PCC in Hong Kong, reflected by the following four aspects: (1) seniors suffering from dementia issues and their caregivers both represented a progressive use of PCC process; (2) individualized care has become a regular

mechanism in PCC practice; (3) continuous assessment of the service quality has been settled as a pathway to improve the PCC approach; (4) nurturing environment has been a competitive facilitator in practicing PCC (p.953).

A storytelling frame among caregivers

Charon (1993, 2001) noticed the significance of caregivers mastering narrative knowledge in order to better understand their patients. Morgen-Witte (2005) assumed studying caregiver storytelling helped to guide “appropriate” behaviors when delivering health care, establishing a “professional” image in caregivers’ roles, too. There are advantages to using a storytelling frame in conducting a survey in a medical context. For example, story-telling is a primary means for individuals to share how they perceive their relationships with co-workers, patients or clients and the organization (Tangherlini, 2000). And in return, narrative networks reflect values of the organization’s culture and multiple subcultures that co-exist in organizational life (Helmer, 1993). Stories provide culturally derived explanations of what an organization is, how its staff members operate, and how they fulfill the requirements of their roles (Kreps, 1990). As storytelling represents patients’ behaviors and their authentic life status (Mattingly, 1998), Morgan-Witte (2005) has considered it an effective way to conduct a rhetorical analysis of patients’ life stories. Therefore, it can be helpful for caregivers to predict possible outcomes and avoid conflicts or medical misconducts when providing health care services.

Shadowing

This metaphorical strategy is close to its initial literal definition, meaning that the researcher, also as an observer, follows a person in the organization through his or her work days. This ethnographic approach has been applied to a number of sociological studies and

business studies such as consumer studies. Czarniawska (2014) in her work *Why I think shadowing is the best field technique in management and organization studies* described how two Swedish scholars used the shadowing technique: one scholar, Lars Strannegard shadowed several managers in an IT company in Stockholm between October 1999 and April 2001, during which he witnessed significant events of the company, such as its efforts to deal with the famous computer virus attack event “millennium bug.” In 2007, the other Swedish scholar, David Renemark shadowed traders, brokers, and analysts to observe their daily work in different financial institutions in order to find out why in the finance industry in Sweden, most women rather work as bank clerks but not occupy the other positions mentioned above.

The main advantage of shadowing is flexibility and mobility. Compared to the traditional observation method that requires researchers to stay in a stationary location, shadowing allows the observers to move around and collect data from multiple angles. What makes shadowing special is that it creates a peculiar “two-way” environment for the person being “shadowed” and the person “shadowing” in which the dynamics of cognition become complex and thus interesting (Czarniawska, 2008). For example, Wolcott (2003) shadowed a school principal to learn about the daily functioning of a school. He gave positive feedback on the method, commenting that shadowing urged the principal to perform more actively at work and present a more positive image in the eye of his coworkers. Given the advantages mentioned above, the researcher in the current project shadowed two administrative staff members’ work during her observation process at The Glebe Centre.

Czarniawska (2008) pointed out that the difficult part in the shadowing process is that the researcher has to make quick but precise decisions on events worth studying. A second challenge for the researcher is how to timely make notes when she has to constantly walk around in the

office building. In spite of the limitations of adopting the shadowing method, Czarniawska (2014) still regarded the advantages outweighed its disadvantages because it allowed the researcher to “meet new landscape” through a third person’s eye and paraphrase it into unique perceptions.

Diary studies

Although Czarniawska (2008) regarded shadowing as a valuable approach to study an organization, there were still disadvantages of using it. For example, when researchers were busy observing and taking notes, they did not have time to organize their thoughts and thus had difficulty in focusing on their observation. Hence, Czarniawska(2008)selected an alternative method, diary studies, to improve the research design. The term diary has richer connotations than itself; one aspect is to see diary as a stable recording of daily activities and the other is to take it as a narrative reporting of past events. In the current study, the researcher had access to some elderly people’s diaries, which helped to remind her of the details she lost track of during the observation of Chinese residents’ activities. The diaries also kept records of elderly people’s opinions towards some events, helping to strengthen the researcher’s data collection and guard against researcher’s biases in the data interpretation process.

An Overview of Organizational Culture of Long-term Care Service Centers

Keller (2014) posited that in order to survive in the age of globalization, technology explosion, and power shifts, it is necessary for an organization to become “smart,” able to learn quickly and apply the learning skill to make appropriate changes to formulate a collaborative organizational culture which offers its members more empowerment, equality, and flexibility at work.

Schein et al. (1990) reviewed organizational culture from its history of development. In the organizational context, culture refers to “what a group learns over a period of time as the group solves its problems of survival in an external environment” and “its problems of internal integration” (p.111). Generally speaking, organizational culture is sensed in the simultaneous behavioral, cognitive, and emotional process. De Stricker (2014) has compared organizational culture to “a screw” that unconsciously merges into the organizational logistic life machine and “an ecosystem” of balances between employees’ self-interests and team spirit of the organization. Therefore, organizational culture can reflect employees’ attitudes towards other employees or clients from different cultural backgrounds and greatly influence how the organization designs policies in a multicultural workplace.

Lyon (2010) explored the impact of human relation dimensions of organizational culture. Human relations dimensions of organizational culture functions in many ways: affecting institutional missions, hiring practices, employee tenure, treatment strategies, interdisciplinary teamwork, and group decision making. Lyon’s (2010) findings have shown that organizational culture dimension contrasts open and closed systems. Open systems are characterized by members’ acceptance of difference while closed systems are typified by vigilant attitudes toward unfamiliar situations. In a closed system, organizations encourage evidence-based practice and they maintain a prudent attitude towards changes in the industry. The staff turnover rate is strictly controlled and the organizational hierarchy system is commonly adopted. Within a more dynamic environment, open system symbolizes professional identity and a job focus that allows flexible care practices during periods of large-scale turnover. However, Lyon (2010) has also clarified that neither open system nor closed system has direct relationships with quality of services provided but the feature of the organization decides how an organization deals with

emerging challenges and learns. Chang et al. (2016) tried associating the relationship among organizational culture, health behaviors and health status of the employees of the organization. The result has showed that health status and organizational culture are co-founders of health behaviors that allow employees to obtain healthy lifestyle so as to work in better health instead of insisting on working in a sub-health state. For long-term care service centers, it can be effective to enhance the quality of health care services when nursing staff members work in better health. Findings of Lyon (2010) and Chang et al. (2016) have offered feasible suggestions to foster healthy organizational cultures for its members.

Koren (2010) brought up two concepts, “culture implementation” and “culture change” related to the organization culture for long-term care facilities. Culture implementation denotes the accomplishment of two goals for long-term care facilities: a) Long-term care facilities are expected to offer a kind of individualized health care, creating a home-like living environment, and thus promoting close interrelationships between long-term care facility staff members, residents, and their families; and b) Long-term care facilities are expected to cooperate with other organizations, such as neighborhood resident communities to provide residents with more external community services as the extensions of long-term care services. Koren (2010) has also pointed out that culture change has the potential not only to establish a person-centered care organizational environment, providing desirable services for residents but to improve the working conditions for the nursing staff members at the same time. Vala-Webb (2014) has illustrated a clear path to facilitate organizational change with key steps. The first step is to think and understand the new culture functions and how it can be connected to the organization’s policies. The second step is to take actual moves by promoting new behaviors and reducing the

old ones. The last step is reflection and adaption by summarizing why behavior changes have been successful, and encouraging members to contribute their perspectives.

Based on Koren's (2010) and Vala-Webb's (2014) visions, Grabowski, Elliot, Cohen, and Zimmerman (2014) have been trying to figure out who should be the innovators to foster the transformation of long-term care facility into a more person-centered system. More precisely, they were investigating what kind of long-term care facilities would be suitable for implementing the culture change. Grabowski, Elliot, Cohen, and Zimmerman's (2014) results have verified three hypotheses: first, implemented culture change has occurred more often in larger-size non-profit organizations because in general NGOs are more motivated by social responsibilities than gaining profits; second, the capability to purchase and maintain facilities has been a crucial condition because culture implementation requires a large amount of financial investment; and third, even for non-profit organizations, awareness of shaping and promoting a positive image of the organization is a must because it guides the organization to gain more social support, or to obtain more financial resources among a number of NGO organizations.

Chapter Summary

In this chapter, all relevant concepts concerning the research topic, long-term care services for elderly Chinese people were first reviewed, such as health communication, health messages, and health literacy. Following that, models that concentrated on culturally specific elements for studies in a multicultural environment were analyzed. In addition, all relevant topics that were introduced in Chapter 1 were discussed in more depth. The general introduction of elderly Chinese people's immigration life and their perception of long-term care services were covered. Furthermore, pertinent ethnographic strategies were presented, laying foundation for the

research design. In Chapter three, the interview process adopted in this study will be described step by step, followed by a description of the reasons for adopting of grounded-theory and case studies approaches. The data collection and data analysis processes under the guidance of the grounded theory will also be explained in details, including the validity of the data and the ethical considerations in the research.

Chapter 3: Methodology

This chapter starts with the introduction of the researcher's role in the study. Then it discusses the reasons for adopting the grounded-theory and case studies as two main methodologies. The researcher then presents the data collection and data analysis processes. Lastly, ethical consideration in the study is discussed, including reliability and validity of the research design.

The Role of the Researcher

The researcher has volunteered at The Glebe Centre since January 2015. She has volunteered as an activity program leader, accompanying Chinese residents on activity programs such as baking and making handcrafts. She also helped tailor activities programs to meet Chinese residents' cultural needs. For example, she designed different Chinese song lists to satisfy residents' individual tastes for music in the music memory program. Besides, she volunteered for the fundraising and event development department where she translated communication materials such as newsletters into Chinese for residents who could not read English.

In the thesis, the researcher combined her observation journals of residents' daily activities at The Glebe Centre along with in-depth interviews, as the main source of data, with the residents and their families as well as selected administrative staff members who were in charge of daily operations and the activity program design for the Chinese unit in order to study how the organization integrated Chinese culture into the provision of services. Additionally, organizational documents of The Glebe Centre were included and studied by the researcher, too.

Methodological Framework

Grounded theory

The grounded theory approach goes beyond description to help understand a phenomenon and explain practices and at the same time develop a theory to “provide a framework for further research” (Creswell, 2007, p. 63). According to this approach, theories should not be applied to the subject being studied, but are discovered and built upon practical working experience in the field and also other empirical data (Flick, 2014, p.137). As part of this study, the researcher has volunteered for different departments at The Glebe Centre for two years. Acting as an activity program leader and also a program assistant, she actively observed how long-term care services were practiced and integrated within Chinese culture. She also gained an insider’s knowledge by participating in activities with Chinese residents and tailoring programs for them based on her Chinese cultural background, which allowed her to draw on authentic first-hand data. Strauss and Corbin (1998) have indicated two other merits to employing the grounded theory in a qualitative study: a) it enables predictions and explanations of certain behaviors in future and for the other and b) it gives the practitioners useful understandings and controls of situations in a medical context. As such, the grounded theory approach was chosen for this study thesis to comprehensively present how elderly Chinese people self-accommodated to the long-term care facility from his/her previous lives, and how they overcame the cultural barriers to formulate a new lifestyle in the multicultural environment by negotiating or communicating with The Glebe Centre.

Case studies

The aim to use case studies is to create the precise description or the reconstruction of cases (Ragin and Becker, 1992). A case study is commonly conducted “by giving special attention to totalizing in the observation, reconstruction and analysis of the cases under study”

(Zonabend, 1992, p. 52). Hamel, Dufour, and Fortin (1993) have deemed that case studies employ various methods, including interviews, participant observations, and field studies whose goals are to reconstruct and analyze a phenomenon from a sociological perspective. Besides, the capability to reveal the depth of a case under certain circumstances is another feature of the case studies approach (Hamel, Dufour, and Fortin, 1993). As a sociological approach that focuses on studying individual interactions, common patterns of a behavior, and social structures, the case studies method strives to highlight the features and attributes of a specific social life (Hamel, Dufour, and Fortin, 1993).

With all the advantages presented, the case study method satisfied the researcher's goal to explore Chinese residents' life status at The Glebe Centre so it was adopted to support the grounded theory approach as the second major methodology.

Semi-structured interviews

Scheele and Groeben, two psychologists, first raised and developed the approach of semi-structured interview in 1998 as a special model to study "subjective theories" of everyday knowledge. Flick (2014) also considered that the interviewees have a complex stock of knowledge about an interview topic from their life experience. This knowledge includes explicit and immediate assumptions that allow the interviewees to express not only spontaneous opinions towards a phenomenon, but complimentary implicit assumptions (Flick, 2014, p.217), which requires the researcher to explore at a deeper level and help articulate these opinions in a more logical way.

According to Flick's (2014) description of semi-structured interviews that was "characterized by introductions of topical areas and by the purposive formulation of questions

based on relevant scientific theories of the topic, (p.219)” an interview guide for the study (Appendix A) was designed by the researcher.

Data Collection

In order to answer the research questions, the study drew on interview data (a total of 9 semi-structured interviews with 9 interviewees and one small group interview with two interviewees who were family members of a Chinese resident), organizational documents open to the public, including the resident brochure (see Appendix A), the Glebe Centre tour guide package (see Appendix B), and the annual report of The Glebe Centre (see Appendix C), as well as the researcher’s observation journals (see Appendix D). The researcher kept making notes when she had new discoveries during her volunteer experience. She attended the annual meeting open to the public at The Glebe Centre in June 2015 where she obtained the annual report. The resident brochure and the tour guide package were provided by The Glebe Centre for the researcher’s study. Prior to her interviews, the researcher studied all the materials; she also studied the official website of The Glebe Centre to learn about its missions to form a general impression of its organizational culture.

Interview participants

The research questions were mainly divided into two sections: one was from the perspective of Chinese residents and their families as power of attorneys exploring how they negotiated with The Glebe Centre for more culturally appropriate services. The other was from the perspective of The Glebe Centre, discussing challenges when integrating Chinese culture into the provision of services.

Given the research background, three interview groups were included: the residents, the families, staff members and board members of The Glebe Centre. For the resident group, three Chinese residents, two females and one male who lived in the Chinese unit volunteered to participate. Four family members accepted the interview invitation, including three males and one female. Two of the participants were a couple whose family lived in a non-Chinese unit in the building of The Glebe Centre. A small group interview was organized for them to discuss the resident's situation. The couple were both invited because the wife's family lived in another multicultural long-term care center in Toronto, providing the researcher with more insights and also comparisons of the current situation of long-term care services in different Chinese communities. The last family member lived in Toronto so he offered to take the interview over the phone. All the other interviews were conducted face-to-face.

Three administrative staff members, who were in charge of the services for the Chinese unit of The Glebe Centre and had most frequent interactions with residents' families, participated in the interview; they were two females and one male. The male staff member was responsible for making administrative decisions for the whole facility. One of the female staff members mainly designed and facilitated Chinese activity programs for the unit. The other female staff member discussed the specific cultural needs with the Chinese residents and then designed fund-raising campaigns in order to satisfy these needs. In addition, there was one female board member of The Glebe Centre with Chinese cultural background who participated in the interview. She offered insights from the perspectives of board members' considerations and principles that focused on residents' benefits as a whole.

The following table presents the information of each participant:

Participant Number	The Interview Group	Gender	Age	The Interview time	Time living in Canada/working for The Glebe Centre	Health Status
1	Resident	Female	Over 80	25 minutes	Over 40 years	Good physical mobility
2	Resident	Male	Over 80	45 minutes	15 years	Using a walker
5	Resident	Female	Over 60	45 minutes	Over 20 years	Good physical mobility
6	Family Member	Male	N/A	55 minutes	Over 15 years	N/A
7	Family Member	Male	N/A	20 minutes	Over 40 years	N/A
10	Family Member	Male	N/A	40 minutes	Second-generation Immigrants	N/A
11	Family Member	Female	N/A	40 minutes	Second-generation Immigrants	N/A
3	Administrative Member	Male	N/A	35 minutes	10 years	N/A
4	Administrative Member	Female	N/A	45 minutes	Over 10 years	N/A
9	Administrative Member	Female	N/A	25 minutes	3 years	N/A
8	Board Member	Female	N/A	45 minutes	Over 8 years	N/A

The interview process

At the beginning of the interview, the interviewees were asked open questions under the umbrella of several relevant topics in the research context, such as Chinese-speaking staff, Chinese food, Chinese traditions, Chinese entertainment programs, and long-term care services. All examples present in this thesis were precisely abstracted from the transcripts of the interviews. For example, “what is a typical day for you in The Glebe Centre? Is there any activity that you would specially like to participate in?” After participants answered the questions on the basis of their everyday knowledge, theory-driven questions were raised by the researcher according to participants’ responses. For example, “do you think it is because of assistance from Chinese-speaking staff members, you find it less challenging to get yourself adapted to this strange environment?” Then the researcher took the third step to raise confrontational questions, which placed the interviewees in a thematic opposite situation in order to critically re-examine participants’ answers. By providing the participants with competing

alternatives, the researcher avoided integrating her own opinions into the interviewee's responses. For example, "you said you moved to Montreal in order to take care your new-born grandchild, so if you were not asked by your son to live with them to help attend the baby, would you have considered immigrating to Canada?"

Interviews were conducted in three different languages, including English, Cantonese, and Mandarin according to participants' language skills. All face-to-face interviews were digitally recorded and translated into English when the interview was conducted in Cantonese or Mandarin. The interviews were transcribed verbatim and compared with audio recordings to ensure accuracy. Interviews aimed at collecting participants' information related to their experiences of interactions with The Glebe Centre, and their cultural perceptions of long-term care services in the context of Chinese culture.

Furthermore, the interview questions were pilot-tested. When the researcher invited the participants, she asked some of the questions first to see whether potential participants could understand the depth of the questions and the way how the questions were addressed to them.

Data Analysis

The data analysis procedure of the grounded-theory case study strictly followed the coding approach developed by Strauss and Corbin (1990) and also Charmaz (2006). As Flick (2014) has stated, interpretation of the data is the anchoring point to select data and cases to further study in the next analysis procedure. In the thesis, the interpretation process included three stages, open coding, axial coding, and selective coding in which phenomena, cases, concepts were constantly compared (Flick, 2014, p.404). With the coding process, the researcher established the *transactional communication model for multiple parties to benefit elderly*

Chinese people in a multicultural long-term care center by connecting relations between concepts and transferring them s into generic themes (Flick, 2014, p.404).

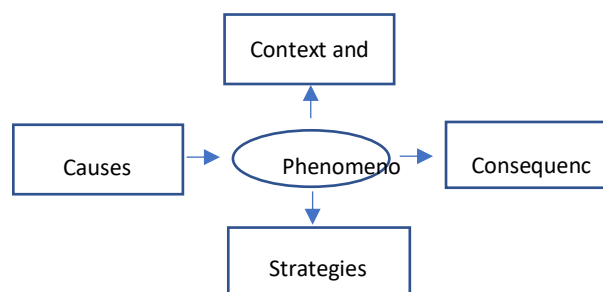
Open coding

Open coding aims at expressing data and phenomena in the form of concepts. In the thesis, the interview data was first segmented into units of meanings that made sense; following that the researcher attached nodes between these units and summarized concepts. The researcher then took the next step to combine concepts with similar expressions. Adopting Flick's (2014) line-by-line open coding approach, 10 transcripts of the semi-structured interviews and the group interview generated 160 relevant concepts; then 5 themes were extracted after further analysis of these concepts, reflecting the research topics regarding elderly Chinese people's long-term care life at a multicultural environment. The complete data analysis chart can be found in the Appendix G: Data Chart.

Axial coding

After identifying a number of substantive categories, the researcher took the next step of axial coding to refine the categories resulting from open coding. Strauss and Corbin (1998, p.127) have suggested a coding paradigm model as showed below to help establish links between substantive categories. In the axial coding paradigm, concepts were connected by three elements centering around a phenomenon: the first was "contexts and intervening conditions," setting a background framework for the phenomenon; the second was direct causes between consequences and the phenomenon; the third was strategies that had an impact on the consequence of the phenomenon.

Table 3.1: Grounded theory axial coding paradigm



Adapted from Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage, 128.

In axial coding for the thesis, the categories that were most relevant to the research questions were selected from the developed codes; for instance, *Chinese language skills* could be regarded as a separate sub-category under the parent category *factors that affect the acculturation process*. *Attitude towards diversity* was the context or the organizational cultural background for *integration of culture in the provision of health care services*. The complete analysis process is shown in Appendix G.

By integrating insights from the literature review and by continuously looking back at the original data and comparing the notes, the researcher managed to make the connection between Chinese cultural aspects and their influences on the quality of long-term care services for elderly Chinese people. Eventually, all the concepts were sorted under six themes. In selective coding, the process of how the six themes were grouped into three overarching themes is presented.

Selective coding

Based on Flick's (2014) instruction on conducting selective coding, the researcher continued axial coding at a higher abstraction level. She further developed the connections between concepts by comparing all the interview data from the three groups and focusing on potential core concepts. In this step, the researcher paid more attention to stories shared by the interviewees, instead of units of concepts. Strauss and Corbin (1998) called this process the formulation of a case, aiming at reaching the central phenomenon rather than separate stories from a single person or a single interview. In this step, a short descriptive overview and relevant comments by the researcher were added beside the stories. In the Appendix G, the third column of the chart reflects this analysis process.

In addition, data triangulation also happened at this stage. In the thesis, the researcher's observation journals and internal documents of The Glebe Centre were combined in the interpretation process. A number of core categories pertaining to the research topic, elderly Chinese people's life in a multicultural long-term care facility were found in these materials, such as the Chinese and English bilingual activity schedule shown in Appendix C. Finally, the *transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center* model was gradually formulated when the coding process reached a point where there was no longer new discovery of new concepts.

The *transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center* will be discussed in greater detail in Chapter 5.

Ethical Considerations

The researcher sought the ethical approval for the study from the Research Ethics Board (REB) of the University of Ottawa that helped to protect research participants, developed trust with them, promoted the integrity of research, and guarded against misconduct and impropriety of divulging their private information (Isreal & Hay, 2006). All 11 participants were informed of the research purpose and the design of the interview, assuring that all participation was voluntary. Informed consent forms were handed out when making an appointment for interviews. A follow-up meeting was arranged for the participants where they were given the right to read the transcripts so as to confirm the accuracy of the contents. Besides, to respect participants' preferences, certain contents were removed when participants preferred to reserve certain opinions. In summary, confidentiality and anonymity were ensured during the interview process.

Reliability and Validity

Gibbs (2007) has indicated that qualitative reliability can help ensure consistency of the research approaches. He has suggested several reliability procedures for maintaining the quality of the research. Accordingly, the researcher performed a thorough transcript check to make sure the accuracy of the interview contents. The researcher adhered to the standardization of analysis of the codes ensuring there was no drift in the interpretation of the interview transcripts. The goal of standardization was to expose each participant to the same interview experience so that any difference in their answers could be attributed to initial differences among the participants rather than differences in the interview setting. Additionally, the design of the interview questions also followed the principle of standardization.

Triangulation

Validity of the research was determined by ensuring all the findings were accurate from the standpoint of the researcher and the participants (Creswell & Miller, 2000). Hence, the application of triangulation served as a complementary tool to help integrate findings of multiple data resources in the thesis. The concept of triangulation was first invented by Denzin in the 1970s to improve the validity of social researches. In the process of triangulation, different methods, study groups, local and temporal settings, and different theoretical perspectives are combined in dealing with a phenomenon (Flick, 2014). Bryman (2003) has considered it necessary to use triangulation in a qualitative study, avoiding causing limitations from the specific application of a single data source or a single research method.

In this thesis, the researcher adopted the data triangulation method to integrate different data resources, such as the researcher's observations journals, in-depth interviews with different

selected groups, and also analysis of organizational documents, such as the annual report of The Glebe Centre.

In the process of triangulation, organizational documents underwent the thematic coding process by Braun and Clarke (2006). The researcher started by producing short descriptions of each case presented in the materials and roughly decided whether they helped to answer the research questions. Following this process, the themes that provided insights pertaining to the research questions were integrated with the other data resources.

Since triangulation converged different data sources, re-examination of the original sources was indispensable. Therefore, during the grounded-theory coding stage, all data were interpreted and read several times to gain more validity.

Chapter Summary

This chapter described the research methods employed to the thesis, including the grounded-theory, case studies, and semi-structured interviews. 11 participants were recruited for interviews. Three participants were residents on the 6th floor of the Chinese unit of The Glebe Centre. Four participants were families of the Chinese residents, but they were not necessarily family members of the resident participants involved in the study. Three participants were the administrative staff members who were responsible for the service programs offered in the Chinese unit and had experiences communicating with Chinese residents and their families. In addition, one board member of The Glebe Centre with Chinese cultural background volunteered to accept the interview.

In the following chapter, the results of this study will be reported and analyzed.

Chapter 4: Findings

Eleven participants, distributed to three different groups: residents, families, and administrative staff members and the board member of The Glebe Centre, volunteered for interviews. Among them, five males and six females were Canadian citizens with different cultural and ethnic backgrounds. Three of them were Chinese residents living in the Chinese unit of The Glebe Centre; four of them were family members of Chinese residents, among which two were families of residents of the Chinese unit and the other two were families of a resident living in a non-Chinese unit of The Glebe Centre; and three of the participants were administrative staff members of The Glebe Centre; one of them was in charge of activity facilitation for the Chinese unit, including designing Chinese entertainment programs. The second staff participant was in charge of the overall operation of The Glebe Centre. He also organized communication meetings between Chinese families and staff members from corresponding departments of The Glebe Centre when certain issues required a mutual discussion as well as family involvement. The third staff participant helped design campaign programs for the Chinese unit when there were specific cultural needs raised by residents and families which were not covered by the governmental funding. The last participant was one of the board members of The Glebe Centre who had participated in the project to build the specific unit for Chinese people.

The researcher managed to fulfill four research purposes in the thesis. First, from the perspective of Chinese residents and their families, the major factors influencing the acculturation process in a multicultural long-term care center were analyzed and discussed. Second, the process of how Chinese residents and families negotiated with the health care organization for culture-specific services was demonstrated and discussed. Third, from the perspective of the administration of The Glebe Centre, the major challenges to understanding

Chinese residents' needs and integrating multicultural long-term care services in practice were revealed. Last, the researcher proposed suggestions for The Glebe Centre to make better use of limited financial resources in designing culturally appropriate programs and improving the quality of services.

In order to seek specific answers to each research question, the interview transcripts were analyzed in three groups while the internal documents of The Glebe Centre and on site observation journals of the researcher were used to triangulate this data. All transcripts went through the three stages of grounded-theory coding: open coding, axial coding, and selective coding. Three groups of data were separately or jointly analyzed according to the research question. For example, to answer the first research question concerning factors influencing Chinese residents' acculturation process, the data from the resident group and the data from the family group were jointly examined. Then the results were integrated with the researcher's observation journals. The exploration of actions that residents and family members took to negotiate with The Glebe Centre also required the combination of results from both the resident group and the family group. In order to explore the challenges The Glebe Centre encountered when dealing with Chinese residents' culture-specific needs, the data from the administrative staff members and the board member were subject to analysis. Finally, for further interpretation of the phenomenon of elderly Chinese people's residence in a multicultural long-term care facility, all three groups of data were jointly discussed.

During open coding of the resident group and the family group interview data, 95 themes in total were initially abstracted from the transcripts after sorting and narrowing down. Themes indirectly linked to the research purposes were removed. During axial coding process, themes referring to similar issues were integrated and combined into 12 main categories. The 12 main

categories were: *previous multicultural life experience, strong family connection, reasons to move to a long-term care facility, self-accommodation abilities, Chinese food provision, bilingual staff, English-Chinese speakers, elderly peoples' self-care, empowerment in making life decisions at The Glebe Centre, sense of collectivism in a neighborhood or small community, culturally appropriate entertainment activities and programs, levels of services, and experience of negotiation with The Glebe Centre for more culture-specific services.* During selective coding process, these 12 themes were further compared and abstracted to five themes so as to concentrate on answering the research question that explored factors influencing Chinese residents' acculturation process in a multicultural long-term care home.

During open coding of the staff members and the board member group interview data, 65 themes were primarily discovered. With the process of axial coding, 65 themes were analyzed based on the four elements, "causes", "strategies", "contexts and intervening conditions", and "consequences" following the axial coding paradigm by Flick (2014, p. 559). In this procedure, six themes were found, including *the challenges The Glebe Centre was encountering when integrating Chinese culture into provision of Service, specific principles and policies adopted by The Glebe Centre when providing culture-specific services for Chinese, the diversity of Chinese culture, history of the Chinese unit of The Glebe Centre, governmental regulations for geriatric facilities, the nature of charity organizations.* Finally, during selective coding process, two themes were summarized. One was *the challenges The Glebe Centre was encountering when integrating Chinese culture into provision of service* and the other was *the family and volunteer involvement in the provision of services.*

When the three groups of data were collectively studied, 160 themes emerged during the open coding process. After axial coding and selective coding, the researcher formulated a

transactional communication model for involving multiple parties to benefit elderly Chinese people in a multicultural long-term care center, which explains the repeated actions unconsciously adopted by most Chinese residents at The Glebe Centre when negotiating for culturally appropriate long-term care services. Organizational documents of The Glebe Centre helped to establish the institutional environment in the model, visualizing a clear path that Chinese residents followed in the negotiation process. The model will be exhibited in details in Chapter 5.

The resident participants shared their life stories at The Glebe Centre with the researcher. By studying the interviews, the researcher summarized factors that influenced their acculturation process at this multicultural long-term care facility as follows.

Factors Influencing Elderly Chinese people Acculturation Process in Life at a Multicultural Long-term Care Center

The five dominant factors that influence elderly Chinese people's acculturation process at The Glebe Centre, *previous multicultural life experience, strong family connections, self-accommodation abilities, empowerment in making life decisions at The Glebe Centre, and Chinese cultural environment improved by The Glebe Centre*, mainly emerged from the interviews with Participant 1⁵, 2 and 5. The triangulation of data of organizational documents, such as the resident brochure and the researcher's observation journals also contributed to the findings. Interpretation of these findings are presented below.

Previous multicultural life experience

Participant 1 was a first-generation immigrant; Participant 2 and Participant 5 moved to Canada after retirement from China. Although the three residents had drastically different life

⁵ The numbers for the participants are assigned according to the chronological order that they had the interview.

experiences, all of them had a shared experience of living in a multicultural environment. For example, participant 1 experienced two wars when she was young; she moved around three different countries and finally settled down in Canada. These turbulent and changeable life experiences made her optimistically overcome barriers in a new environment. Residence in different countries also equipped her with some English knowledge, later assisting in her move to Canada. Participant 2 immigrated to Canada in 2003. Before he moved into The Glebe Centre in 2016, he has lived in Canada for over ten years. Additionally, as his two children lived in Montreal and Ottawa, he frequently traveled between the two cities. Through these life experiences, he gained cultural knowledge of Canadian society. For example, he shared, “I have compared the benefit policies for elderly people who live in Ottawa and in Montreal. I think Ottawa has better welfare for elderly so I choose to settle down in Ottawa instead of Montreal.” For Participant 2, these frequent travels led to a smoother transition experience before getting used to a multicultural environment at The Glebe Centre. Even though Participant 5 has spent over 20 years living in Canada, she still self-identified as a “new immigrant” in comparison to her daughter who grew up in Canada. Participant 5 has developed new life habits after the immigration. Since not all materials to cook Chinese food could always be found, she gradually formed a Canadian diet habit. In all the resident participants’ opinions, the multicultural environment at The Glebe Centre did not pose any new challenge to them.

Strong family connections

All the three residents discussed their health issues with the researcher. They were well aware of their health conditions and decided that long-term care was needed at that moment. Although they moved to a long-term care center, they were still maintaining a strong connection with their children’s families, which was not necessarily the case as Mujahid, Kim, and Man

(2011) depicted where elderly people were disconnected from their original families and ignored by their children after moving into a long-term care facility. Feng, Liu, Guan, and Mor (2012)'s assertion that filial piety, one of the most significant core values of Confusion culture, requesting adult children to take care of aging parents, was reflected by Chinese residents' life at The Glebe Centre. Although taking care of their parents in person was the literal definition of filial piety according to Feng, Liu, Guan, and Mor (2012), in this study, the core value rooted in Chinese culture continued in a new way. According to the conversations between the residents and the researcher, children of all the three resident participants paid frequent visits to them and provided financial supports for their parents' health care services at The Glebe Centre. For instance, Participant 1 said her daughter came regularly and refreshed the newspapers and books she was reading. Participant 2's son would pick him up every Friday night, take him to his place for the weekend, and drive him back to The Glebe Centre on Sunday evening. The researcher's observation journal on Jan 27, 2017 found evidence of this strong family connections: when she attended the dinner party to celebrate the Chinese New Year with the Chinese residents, she noticed that Participant 1 did not attend as her daughter brought her home for the celebration. The researcher also noticed that Participant 7 was sitting by his mother who had less physical mobility. The researcher believed that was why Participant 7 came to The Glebe Centre to celebrate the festival with his mom instead of taking her home.

Feng, Liu, Guan, and Mor (2012) considered that when the Chinese traditional concept of caring for parents was gradually established, dating back to ancient times, there was neither the perception of long-term care nor sufficient medical resources for the implementation of home caring for elderly people. Long-term care services could only be satisfied by other family members of the elderly, which required strong family connections between elderly people and

their adult children. Although elderly Chinese immigrants in Canada had easier access to long-term care services, the cultural understanding towards the role of elderly people in the family remained the same: elderly people devoted countless time and efforts to raising their children and they deserved respect and care by the younger generation. Even though elderly Chinese people moved to a long-term care facility, they were still regarded as important family members. This sense of strong family connection ensured that elderly Chinese people's family lives were not totally changed after they moved to The Glebe Centre. The sense of strong family connection also served as a transition for elderly people who chose to move into a long-term care facility: rather than suddenly sent to a strange environment, they were allowed to partially maintain their previous life status.

Self-accommodation abilities

When being asked whether they faced any challenge during the period of adapting themselves to the life at a long-term care center, all the three participant residents provided similar answers, saying that they got used to the new environment very quickly. The researcher found the three residents used the same word "self-accommodation" when commenting on how to deal with cultural differences at a multicultural long-term care center. Participant 1 repeated "accommodation" several times during the interview, "People should accommodate themselves to fit in an environment; they shouldn't expect the environment to change for them". Participant 2 applied the concept of self-accommodation to the discussion of aging, "[Among all attitudes you hold] towards not only life at a long-term care center but aging itself, the self-accommodation [spirit] is the most important for elderly people. You need to learn how to balance your life".

Self-accommodation has been a valued tool for Chinese residents to successfully acculturate to The Glebe Centre, reflected by details of participants' stories. First of all, all the three residents described a typical day at The Glebe Centre participating in various activities designed or tailored by themselves. Just as Participant 5 addressed, "I have a lot to do to kill time". The three participant residents enjoyed individual activities like reading and watching TV. They also actively joined in group activities such as social tea gatherings and van-trips for sight-seeing. Participant 2 gave himself more tasks such as feeding his wife who was also a resident in another unit in the Home⁶ and bringing her to the Chinese unit for Chinese TV programs. Chinese residents' self-accommodation behaviors were more reflected in their maintaining a Chinese cultural lifestyle. Two examples were presented. Participant 1 still kept the habit of drinking Chinese tea. Since The Glebe Centre only provided Chinese tea at social tea gatherings, she made herself Chinese tea every morning after exercises. Participant 2's hobby was doing Chinese handcrafts. He spared specific time per week to make Chinese knots.

However, the self-accommodation spirit could not help residents solve all the problems they encountered at The Glebe Centre. When confronting unsatisfactory services, the first step these residents took was to change themselves so as to self-accommodate to the environment instead of encouraging timely communication with the staff. A common example was that: for Participant 1, she would have less supper if she found the food not to her taste that day and just had some fruits. Self-accommodation was the strategy for Chinese residents to deal with unsatisfactory services that had less impact on their lives.

Furthermore, guided by the self-accommodation spirit, residents treated their declining health conditions in a tolerant manner. For instance, Participant 2 was optimistic about his

⁶ The Home refers to The Glebe Centre.

health; he shared, “All elderly people suffer from different health issues; I just try to think less of mine”. But self-accommodation did not imply that residents accepted everything offered at The Glebe Centre and did nothing for their cultural specific needs. They would take serial actions to negotiate with The Glebe Centre to work out solutions to fulfill their needs.

Empowerment of making life decisions at The Glebe Centre

Although Armstrong (2009) considered the residence in a geriatric facility as a concessive choice in elderly people’s late life stage, it was not always associated with residents’ negative attitudes or emotions towards this choice. According to Keshvari, Hedayati, Moeini, and Alhani (2015), empowerment is defined as the process of personal development in order to be responsible for a person’s life decisions; in the process she/he must have adequate knowledge and resources to implement reasonable decisions. She/he also needs enough experiences to evaluate the effectiveness of the decisions she/he makes. In the context of health care, empowerment is furthered specified as a process that people have the ability of treating and preventing their diseases in a better way, reducing health care costs, creating a positive view toward diseases, and making decisions of their health-care issues.

According to the dialogues between the participants and the researcher, all the three residents admitted it was their careful personal choice to move to The Glebe Centre. Although they were qualified to receive health-care services from geriatric facilities, two of them were still able to live with their children and rely on community medical services compared to some other residents who required immediate transfer to a geriatric facility due to their health conditions. Participant 1 articulated her thought as below when being asked the reason to move to The Glebe Centre:

Dating back to the time when I stayed home with my children, they got worried whenever a trivial thing happened to me. They all had their jobs but from time to time they had to

ask for leave and rushed home for me. I was worried that I might bring negative consequences to their career development and become their burden. I believe right now I'm still capable of taking care of myself, at least to some extent. By chance I took a tour visit to The Glebe Centre in Ottawa; I immediately made up my mind to move in. In this way, someone will help me if I need a doctor; more importantly, my children can feel relieved that I'm safe and sound.

Participant 1 was proud of her decision to move to The Glebe Centre. She believed it made a contribution to the family, which was highly approved of in Chinese family-oriented culture. Moreover, her move reflected a sense of her empowerment because she could make her own decision concerning her health issues and lifestyle.

For Participant 2, apart from the decision to move to The Glebe Centre, his way to become empowered was to keep acting as the caregiver in his family. When sharing his previous life stories, he claimed he moved to Canada so as to be taken care of by his children but during his stay at his son's place, he actually bore much responsibilities to take care of his new-born grandchild after his adult children returned to work. Although he currently lived at The Glebe Centre most of the time and went home on weekends, he still did a lot of housework, like cooking, mending clothes for the family. When the researcher further asked a hypothetical question whether he would choose to immigrate to Canada if his health condition had not been as bad as it was at the moment, Participant 2 hesitated for a long time and answered, "It was hard to tell. Anyway, I don't have to take care of all kinds of issues of the big family in China now. I can enjoy my retirement life in Canada," which was consistent with Da and Garcia's (2010) finding that it was a stronger reason for elderly Chinese people to move to Canada in order to play the role as family caregivers instead of being care-receivers. Therefore, playing the role of caregivers was another evidence of residents' empowerment in making life decisions in which they had the sense of accomplishment and felt they were needed, even after they moved to a geriatric facility. Moreover, family-oriented value was a component of elderly Chinese people's

ethnic identity. Just as the “compensation theory” proposed by Gee et al. (2012) implies, elderly people’s ethnic origins could be regarded as resources to assist them in adjusting their life status, maintaining their ethnic social networks, and not disturbing their self-perceptions of their identities in the process of aging (Cool 1981; Gee 1999; Karlsen and Nazroo 2002; Sokolovsky 1985; van Dijk 2004). Therefore, the empowerment and participation in their lives rooted in elderly Chinese people’s ethnic origins could help them get used to a changing environment in a geriatric facility.

For Participant 5, the empowerment of participation in the life at The Glebe Centre was reflected in her experience helping other residents in the Chinese unit. As before retirement, she was an English teacher, she could not only smoothly communicate with English-speaking staff but sometimes also act as the interpreter for other residents if she found them having difficulty talking with English-speaking nurses. She also volunteered in group activity programs. She said she was willing to help others because it brought her inner happiness. In fact, these acts to obtain moderate amount of empowerment were greatly encouraged by The Glebe Centre. The researcher’s observation journal on June 17, 2015 depicted a story of how The Glebe Centre motivated the residents to participate in group activities: During the handcraft activity in the day time, the activity facilitator told the elderly people they were making handcrafts as gifts for sick children. It was a *white lie* as the facilitator hoped to inspire the residents to participate in the activity and to stimulate their brains more often.

Participant 5 had another influential role representing her empowerment in making life decisions at The Glebe Centre. She was the residents’ representative to convey residents’ ideas to The Glebe Centre at the monthly resident council, which was a compulsory setting regulated by the government at all long-term care facilities to ensure residents’ voices be heard. Before

attending the council, Participant 5 would patiently talk to all residents and collect their thoughts of or complaints about the services provided in the Chinese unit; then she would openly share all ideas with the staff who were in charge of these services. Based on Participant 5's remarks, her speech at the resident council covering issues that lasted for a period of time and yet gained no improvement, such as unstable provision of culturally appropriate Chinese food. The resident council was extremely meaningful for residents because it meant a final attempt for the majority of residents to express their culturally specific needs, as well as it was a straightforward approach for residents to participate in the decision-making in the Home.

Chinese cultural environment maintained and improved by The Glebe Centre

According to Participant 8's recall of memory, the establishment of the Chinese unit at The Glebe Centre was a cooperation project facilitated by a group of Chinese people with kind hearts and social responsibilities who later became the Chinese board members for the unit. The group of Chinese set up ground rules for administration in order to build a culturally appropriate environment for Chinese residents; one of the rules was to celebrate Chinese traditional festivals as routine activities. Then The Glebe Centre made an effort to maintain and improve the Chinese environment. The discussion of Chinese cultural environment was divided into three sections: *tangible facilities, intangible cultural convenience, and a tiny Chinese neighborhood.*

Tangible facilities

Visually distinguishable decorations

The Chinese unit was visually distinguishable from other units in the building, created within a Chinese atmosphere with numerous details. According to the researcher's observation journal on Jan 26, 2015, the Chinese unit of The Glebe Centre was decorated by familiar Chinese elements, such as Chinese ink painting and Chinese couplets. Residents' rooms were also

changed into a Chinese style by residents and their families. For example, Chinese calendars and family photos were hung on the wall. There were some English notes posted on the wall. They were residents' preferences and life habits for the staff's notice. Elderly people's belongings from their homes such as TVs and Buddhist sculptures were also moved in with the resident to add a sense of home. Activity announcements posted on the activity board in the corridor were written in both English and Chinese.

The principle to create a Chinese cultural environment was also applicable to other Chinese residents who were not in the Chinese unit. Participant 10, one of the Chinese resident's family, appreciated the friendly decoration policy of The Glebe Centre that allowed residents and families to further adjust the environment to make it more convenient for the residents. For example, families were allowed to put up a poster or a slip of paper in Chinese saying "This is the bathroom" or "This is where you need to go" in the resident's room for residents who had no knowledge of English, which was forbidden in the previous long-term care home that Participant 10's family lived in.

Chinese food provision

Participant 7, a family member, emphasized that Chinese-speaking staff and provision of Chinese food were the two dominant reasons for him to choose The Glebe Centre for his family even though the waiting time for an available room was 5 years. He said, "My mom has a Chinese stomach and dislikes Canadian food. The Glebe Centre is the only long-term care home that satisfies the requirement of Chinese food provision."

Participant 3, the staff from The Glebe Centre, said a Chinese chef was employed in order to specifically provide Chinese food for all 48 Chinese residents in the building apart from the 32 residents living in the Chinese unit. However, currently, only one Chinese meal per day

was offered for residents. Participant 2 and 5 considered the current Chinese food service unreliable and unsatisfactory. More discussion of how residents, residents' families, and The Glebe Centre handled the situation is provided in Chapter 5.

Intangible cultural convenience

Chinese-speaking staff

Apart from exterior facilities, when mentioning “a Chinese environment,” all the three resident participants referred to intangible cultural aspects making their lives more convenient and comfortable.

First and foremost, residents valued the most that they could be cared for by English and Chinese bilingual nursing staff. Participant 1 assumed Chinese-speaking staff was the most attractive factor for elderly Chinese people hoping to move to The Glebe Centre and for residents already living there. Participant 2 stated that the quality of services for the Chinese unit largely depended on the employment of Chinese-speaking staff; he would feel assured and safe with these staff who spoke the same language as him. According to Participant 2, the Chinese translation and interpretation service pervaded all aspects of residents' lives besides the health care service provision. Participant 5 attended the weekly Mass praying activity, during which a volunteer interpreter was always present to help interpret for Chinese Catholics residents. Moreover, there were more profound influences behind the mastery of Chinese languages. Participant 7 deemed that proficiency in Chinese meant an ethnic Chinese identity and thus cultural understandings of how to deal with daily life issues for residents in an appropriate way. He addressed how a specific Chinese-speaking staff solved the friction caused by different life habits between his family and another resident:

If two Canadian seniors have some quarrels, in Canadian culture, it is to tell who is right and who is wrong. It works for Canadians; however, it is a different story in Chinese

culture. For Canadians, if it is my mistake, I will apologize and that's it. Chinese people value their "faces" [public dignity]. In this case, Chinese people won't talk about the issue in public. [When my family had some quarrels with another resident,] The nursing staff took a detour and talked to each resident privately. The Chinese-speaking staff didn't force either resident to say sorry even if it was his/her mistake. I believe this is a Chinese way of communication art.

Chinese cultural events and activity programs

All entertainment programs in the Chinese unit were also culturally distinguishable from those of other units. Participant 4, the staff who designed activity programs for Chinese residents told the researcher that she understood for Chinese people, food had significant meanings in the Chinese culture so when she designed the city van-trip tour, she would take the residents to Chinese restaurants to enjoy dim-sums instead of popular restaurants among other non-Chinese residents such as Swiss Chalet. In addition, as she respected Chinese people's food sharing culture, she always ordered various dishes for the residents to share instead of letting the residents order their own food. Participant 2 and 5 appreciated and looked forward to these van-trips.

When it came to priorities in designing and arranging cultural events for Chinese residents, Participant 4 stated that "traditional festivals" ranked the first in her priority list, especially the Spring Festival, also known as the Chinese New Year during which she would arrange more celebration activities. There were also designed programs for other traditional festivals such as making rice dumplings, the essential food for the Dragon Boat Festival and mooncake tasting gatherings for the Moon Festival.

Other Chinese cultural programs were also seen being arranged. The researcher's observation journal on July 15, 2015 talked about her experience of participation in the sing-along program. Before the activity, she talked to the residents and got to know the kind of Chinese songs they were fond of; then she made a DVD with all the requested songs. She

collected songs of different genres, like Chinese instrumental songs, Mandarin pop songs, Cantonese pop songs, Cantonese operas etc. During the activity, she encouraged residents to sing and she also sang along with them. Participant 4 told the researcher that the sing-along program was a popular program among long-term care homes; her strategy to promote the program was to tailor the program and made it fit into Chinese musical culture.

A tiny Chinese neighborhood

Based on the evaluation of the data, the Chinese unit of The Glebe Centre was a successful outcome resulted from appropriate maintenance and constant improvement of Chinese culture integration. With Chinese culture being introduced into provision of services, residents perceived The Glebe Centre as a tiny Chinese neighborhood. One simple but obvious example was that when Participant 5 addressed other residents in the conversation, she called them “my neighbors.” The researcher’s observation journal on April 21, 2015 described what the tiny Chinese neighborhood looked like: All the residents had a good time enjoying the Chinese desserts made by other volunteers. They talked to each other. Nursing staff also joined the chatting. The residents made jokes with them. Laughter was frequently heard. Residents were getting along well with each other.

Actions Residents and Family Members Take to Negotiate or Communicate with The Glebe Centre

Based on the interview data, residents and families’ communication or negotiation heavily relied on the communication network built by The Glebe Centre in which residents and families could figure out a clear path of procedure to negotiate their specific needs. As the family members of the Chinese residents were either second-generation immigrants or Canadian-born

Chinese, they did not experience language barriers to communicate with the English-speaking staff; therefore, the English guide book was a valid communication tool. In this section, five common actions that residents and families took are depicted: *reference to clear guidance, monthly resident councils, monthly family councils, annual individual family meetings, and special meetings.*

Reference to clear guidance

Participant 7 and Participant 10, family members both agreed that they found no obstacles when they needed to report an issue to the home by reading the *Resident and Family Handbook* as the main reference. For example, Participant 7 said referring to the contact list of the management team in the handbook, he could reach the specific staff in charge of relevant services regarding his family's needs by making a quick phone call; his family's needs were usually quickly satisfied. The clear path of guidance is shown in the Chapter "Concern and Complaints" of the handbook (The Glebe Centre, 2016):

It is our intent and responsibility to provide the highest standard of care and surroundings to our Residents. If you feel that we are not meeting your expectations, please use the following procedure to let us know and allow us to address your concern.

1. Internal Contacts:

- Speak to the unit nurse.
- Use the Suggestion Box, located on the second floor, outside the Administration Offices.
- Contact the Manager of the Department to discuss specific concerns:

2. Ministry of Health and Long-Term Care: Call the Long-Term Care ACTION line.

Monthly resident council

In the previous section, Participant 5 talked about the monthly resident council for residents to put forward suggestions related to quality of services in the Chinese unit. The official description of the benefits of the resident council is found in the handbook as follows:

The Glebe Centre Residents' Council meets monthly to raise and discuss concerns and to make suggestions related to life at the Glebe Centre. The Staff Assistant ensures that concerns

are brought to the attention of Management. The Executive Director attends each meeting by invitation and provides a monthly report.

However, for Chinese residents, since the resident council was held in English, in order to save the time for interpretation, Chinese residents chose to assign a resident representative with English skills to transfer their opinions. According to Participant 3, Chinese residents were not active in attending the resident council.

Monthly family council

Similar to the resident council, another important communication channel was the regularly held monthly family council for families to openly express their opinions and needs.

The description of the arrangement of the family council is captured from the resident handbook:

The Family Council meets the third Wednesday of every month at 4:00 p.m. to discuss issues and questions relating to any and all aspects of Residents' care and comfort and to pursue issues of concern with the Centre's administration. A member of The Glebe Centre administration is invited to attend each meeting. Any family member or friend of a resident may attend Family Council meetings. Family council aims at providing mutual support to family members and friends of all residents, providing liaison between family members and the administration of the Glebe Centre, and to advocate on behalf of Residents and to share ideas to enhance their quality of life.

The three Chinese family participants in the study all preferred a more personalized way to communicate with The Glebe Centre in which residents' privacy was protected. Therefore, they did not frequently attend the family council which was considered as a platform for The Glebe Centre to deliver a summary speech of its work.

Annual individual family meeting

The function of the family council was providing a channel for family members to report immediate issues that residents were facing while the annual individual family meeting focused on comprehensively evaluating each resident's life status throughout the year in the Home.

In the interview, Participant 7, 10, and 11 all expressed that they were deeply impressed by the annual individual family meeting. Participant 7 described how the meeting worked: During the meeting, he and three administrative staff from different departments of The Glebe Centre sat around a table. Then the three staff members introduced to him his mother's situation from different aspects of her life, such as his mother's health condition, her activity participation, her relationship with other residents, and her dietary condition and so. Participant 10 considered that the annual individual family meeting was highly person-centered because targeting individual information was offered. His comment is captured as below:

They [staff from different departments] all gave me feedback on how my grandma is, what she likes, what she doesn't like, and what difficulties she is having. I could have a complete idea of what life it is for my grandma there.

Furthermore, Participant 7 stated that family members were also welcome to give suggestions towards the service provision for Chinese residents at this meeting. The face-to-face communication ensured all families' voices heard.

Special meetings

If there were complaints that went beyond regular services listed in the resident handbook, especially those concerning Chinese cultural needs, The Glebe Centre would organize special meetings to gather family members to discuss the issues for solutions.

A successful example of cooperation with Chinese families

Participant 3 addressed, to better communicate with the Chinese population in the organization, the organization itself was always learning, whether from their own research or from the family members. Generally speaking, the primary principle to deal with issues happening in the Chinese unit was to cooperate with the Chinese family members and provide them with a platform, such as a special meeting to discuss the issue. In a special meeting, The

Glebe Centre clearly demonstrated the current situation and family members openly expressed their opinions. The role of The Glebe Centre was more of a mediator, respecting the consensus that the family members came to. Participant 3 shared a story of how The Glebe Centre dealt with complains of residents who suffered from dementia issues wandering in the unit:

Family members of cognitively intact residents started to complain that their loved ones were disturbed. What I did was I called a meeting of Chinese community and probably 40 or 50 members came to the meeting. It was really a good meeting where I offered the three choices we had: we could call this unit a mixed unit. We had people who are cognitively intact and we have people suffering from dementia. Or we could just simple become a dementia unit or simply a unit for cognitively intact. We had the three choices: a hybrid, a cognitively intact, and the dementia. After we discussed it at several meetings, the decision of the family members was that they did not want to ostracize any particular segment of the Chinese population and prevent them from coming to The Glebe Centre. They said, “No, we would keep it a hybrid that we would have cognitively intact residents on the floor along with residents with dementia.” The family member who was actually complaining about the dementia residents coming to his mom’s room was the particular person who was satisfied with the result. Families of residents with dementia came up with their own solutions like visiting more often and taking their families off the unit from time to time [to reduce the impact of their wandering].

An unsuccessful example for expanded Chinese meal plans

Nevertheless, the strategy to introduce family involvement did not always work, especially when the issue demanded more understanding and integration of Chinese culture. As mentioned earlier, residents had constant complaints towards the Chinese meal provision. A special meeting was held to gain families’ support to raise funds to expand the Chinese meal plan. Participant 9 described the meeting as below:

We did meet with families twice, I believe. Before the meeting, we sent out fundraising appeals to explain this was what we wanted to do. We wanted to expand the food program. We didn’t have great turn-out at either meeting. They [family members] said they knew somebody in town, or a restaurant in town that could provide food delivery, which was not an option for us long-term care facilities. Long-term care services are supervised with very strict regulations. They [family members] all liked the idea to have the Chinese chef to work full-time, cooking at least two meals a day for the Chinese residents. Basically, they were supportive but [it was a challenge for us] to get the Chinese community involved. There were no follow-ups after the meetings.

The failing reason of the attempt to expand Chinese food provision is further explored in the next section presenting challenges that The Glebe Centre was encountering when understanding Chinese culture and integrating it into the service provision.

The Challenges The Glebe Centre was Encountering when Integrating Chinese Culture into Service Provision

The researcher interviewed three staff members of The Glebe Centre who were responsible for different aspects of service provision for the Chinese unit; thus different levels of challenges and relevant management strategies were discussed. Although these challenges resulted from various factors, they were all involved with integration of Chinese culture.

The frequent turnover of staff

According to Participant 3, as the leading value to create a Chinese unit was a belief that Chinese residents had the rights to be cared for by people who could speak Chinese, The Glebe Centre was always looking for Chinese-speaking staff to ensure timely Chinese assistance available for residents. Therefore, The Glebe Centre had a specific employment policy that candidates with the Chinese-English bilingual language skills would be considered first. Namely, the employer could skip the candidates with more seniorities and go to the ones with Chinese language skills. However, the number of full-time positions and senior positions for the Chinese unit was still limited. When the nursing staff built up their seniorities in the position in the Chinese unit, they might leave for other better-paid senior positions. Participant 3 clarified the challenge by saying, “Instead of employing enough Chinese-speaking staff, it is more difficult to keep them in the Chinese unit, leading to a frequent turnover of staff [in the Chinese unit].” Participant 6, the family participant mentioned that a same medical misconduct happened to his

family several times. He assumed it was due to frequent turnover of nursing staff in the Chinese unit: new-coming nursing staff were not familiar with all residents' specific conditions and received insufficient transition information from the previous staff, which belonged to an internal communication issue.

In addition to the health care quality that was greatly influenced by the nursing staff, the frequent turnover of staff had a negative impact on the connection and cooperation with the Chinese community. Participant 9 was responsible for looking for potential opportunities to cooperate with the Chinese community to create culturally specific programs. Through her work experience, she found that in Chinese culture, the interpersonal relationship was a supportive element in the cooperation so frequent turnover to some extent weakened the trust between the Chinese community and the organization. She believed once the community connection discontinued, it was not easy to rebuild the network.

The diversity of Chinese culture

The diversity was first reflected by the Chinese language. According to Participant 3, Mandarin and Cantonese were two major spoken languages in the Chinese unit. There were also other dialects spoken. As Participant 5 stated, the majority of Chinese-speaking staff were Mandarin and English bilingual speakers but the number of Cantonese-speaking residents was still larger.

Although The Glebe Centre created a Chinese cultural environment for the Chinese residents, the diversity of Chinese culture still left the program designing specially challenging. Participant 4 provided two examples of how the difference between Cantonese culture and Mandarin culture impeded the design of programs.

A first example was the sing-along program in which the residents appreciated the music and sang songs together: as there was wide variety of famous Chinese songs, it was difficult to create an appropriate song list to attract each resident. Participant 4's first strategy to manage the situation was to offer a wider range of songs so that each resident could at least find some songs to their liking. It was an effective way to incorporate as many residents as possible in the activity. Participant 4's comment on the sing-along program was, "In our chorus group, we have singers, people who cannot read, and people who just want to read the words and listen. It is a mix. With infusion, the diverse Chinese culture could harmoniously co-exist with each other." The researcher's observation journal on July 15 and July 29, 2015 described the scene of the sing-along program: Different genres of songs greatly pleased the audience as they could always find some familiar tunes. Both Mandarin and Cantonese speaking residents hummed along to songs of famous singers, like Teresa Tang. However, Mandarin-speaking residents showed little interest in the selections of Cantonese operas. Some residents almost fell asleep when instrumental songs were playing. In order to improve the experience of music appreciation for the residents, in 2016, Participant 4 designed a new musical program, the musical memory program which aimed at meeting each resident's own taste for music and alleviating the symptom of memory loss of dementia. In the musical memory program, each resident owned an iPod with the individual song list containing all his/her favorite songs. In the program designing process, the researcher found the adoption of targeting and tailoring strategies in creating communication messages raised by Davis and Resnicow (2011). The sing-along program made use of group-level data to customize a song list for a specific homogeneous audience, also known as the overall Chinese residents meanwhile the process of the design of the musical memory program resembled the process of tailoring, representing a higher degree of customization and

more specific audience segmentations that allowed each resident to enjoy music specially selected for him/her (Davis and Resnicow, 2011).

Nevertheless, not all activities were suitable for utilizing the tailoring strategy. Davis and Resnicow (2011) have reminded that unless the members of a population are highly homogeneous in appeals towards a cultural perception, targeted communication messages are not sufficient enough to meet individuals' cultural needs. That's why Participant 4 considered employing the targeted strategy first when designing celebration events for traditional festival:

For people from every area, they perceive holidays and traditions differently; how do you please 32 people? It is very difficult as you can imagine. What you do is to find the medium of, OK, what is most acceptable. How can we adapt some of the traditions and cultures to a very Chinese population...? [That's the direction we are exploring.]

Participant 4 told the researcher she figured out a mediated approach by trying and adjusting the activities to make them understood by as many residents as possible.

Furthermore, the changing cultural needs of elderly Chinese people immigrants made designing a program more challenging. For example, some of the elderly Chinese people became Christians and had a western religious belief after immigration. In this case, more cultural needs were demanded, such as bible-studies services and religious celebration activities provided in the Chinese language.

The constant need to learn Chinese culture

As Participant 3 mentioned, staff who not only spoke the Chinese language but truly owned a cultural background and understood Chinese cultural conventions were always in great demand, especially at the moment when the Chinese population at The Glebe Centre kept increasing rapidly. Participant 4 said she didn't practice the Chinese traditions a lot so she had to keep learning Chinese culture as a job requirement. As long as she discovered anything different to her recognition, she would do researches and absorb new knowledge of Chinese culture by

asking other Chinese people and surfing the Internet. In the interview, the researcher concluded that the design of the social tea gathering was an outcome of Participant 4's study of Chinese culture when she learnt food-sharing was a long-lasting tradition in Chinese culture.

Additionally, Participant 9 shared a story how her job constantly encouraged her to learn Chinese culture:

I think we are always learning about the Chinese community, me especially. I knew nothing about Chinese culture when I started here so I am learning every day. It occurs to me a time when I receive cash donation for the first time after a memorial service. There was only one name but it was a fair amount of donation. I tried to contact them [the Chinese donors] to provide a tax receipt but got no response. There is a cultural gap of how Chinese perceive donation, [which was not a single way of giving but a mutually beneficial personal contribution in my understanding]. [Therefore, there is a lot] for me to explore [how Chinese people perceive the charity industry].

The Glebe Centre sensed that understanding the cultural differences between Chinese culture and Canadian culture was the key to a successful design of a cultural program, which unceasingly urged the organization to learn.

The restrictions of governmental regulations for geriatric facilities

A common cultural difference lied in the understanding of the role of The Glebe Centre. Based on its introduction on the official website, the Home was first a charitable non-profit organization; its second role was then a health care organization. Misunderstandings between The Glebe Centre and the Chinese community could rise from both of its roles. The governmental regulations could bring about challenges for The Glebe Centre to get the health-care services provided in the Chinese unit understood by the family members.

Participant 8 was an initial board member when the Chinese unit was established at The Glebe Centre. With rich experience working in the board for The Glebe Centre, Participant 8 delivered an opinion that governmental regulations for geriatric facilities could restrict the possibility of offering more culturally appropriate services for Chinese residents. The current

Chinese food provision proved her point. From her perspective, geriatric facilities ought to adhere to the “safety comes first” principle, as a result, drastically restricting the cooking approach of Chinese food. She provided an example of a famous Chinese dish soft-boiled chicken: “bleeding bones are supposed to be seen in a nicely cooked soft-boiled chicken as it means the meat is still tender; however, in meals prepared for residents at a long-term care center, such food was definitely impossible.” Participant 3 also mentioned there was a “strict menu” for residents in which raw yolk was a forbidden ingredient, preventing all residents from food poisoning. Thus, the menu was also evaluated by nutritionists to ensure a careful balance of nutrition. As Participant 8 stated, “The governmental regulation was not necessarily a conflict [between the supervision institution and the geriatric facility], but a restriction on creating culturally appropriate services.”

The Family and Volunteer Involvement in the Provision of Services

Through the in-depth conversations (through interviews) with the three parties involved in the study, the researcher found that family involvement and volunteer involvement were two important ways for The Glebe Centre to learn Chinese culture. Additionally, involvement of families and volunteers had a great influence over the provision of services.

Family involvement in the provision and improvement of services

The involvement of family members to deal with issues concerning residents’ welfare represented a dynamic process of learning Chinese culture. For example, Participant 3 first presented a simple example of the choice of an appropriate painting color for the activity room in the Chinese unit; The Glebe Centre did a survey among visiting families and finally selected the most favorable color red. As a consequence, the red color was also used more often in decorating

the unit. As for other more complicated issues, for instance, the previous example of maintenance of a hybrid unit for both cognitively intact residents and residents suffering from dementia, family involvement played an important role in the process of decision-making. Participant 3 expressed an opinion that he found Chinese people held a core value that was very supportive of the elderly and he really felt that caring for the elderly was a very strong aspect of Chinese culture. As elderly Chinese people were loved ones in the family, it was understandable that Chinese family members wanted to be actively involved in their families' care. Participant 3 deemed that when facing continuous requirement to reconcile and balance the differences between local culture and Chinese culture, it was a better way to relieve the stress by listening to families' opinions. Participant 3 also considered that in order to reach mutual respect between The Glebe Centre and the Chinese unit, he needed to work with the staff and family members together. Family involvement was beneficial for the organization to respect Chinese culture, make decisions, and to come up with solutions that were agreed to by the family members.

Apart from making decisions for health care services, family involvement was also reflected in the activity program. As mentioned earlier, Participant 4 learnt that Chinese New Year was the biggest holiday in China and the holiday itself was very family-oriented, outweighing other holidays. In order to let family members and residents, who were not able to go home or who were not able to cook, get together and have traditional Chinese food, Participant 4 designed a Chinese New Year party where The Glebe Centre offered food in the activity room, making the event open to family members and thus allowing families to join the residents and celebrate the festival together.

Although family involvement was helpful in improving cultural appropriateness, it was not an elixir to solve all problems as The Glebe Centre was not always able to provide sufficient

resources needed to meet families' expectations, which challenged the organization to make better use of limited resources and thus volunteer involvement was an alternative tool.

Volunteer involvement in the provision and improvement of services

According to Participant 4, the opening of entertainment programs in the Chinese unit heavily depended on the recruitment of volunteers with relevant capabilities or skills; through constant volunteering, Chinese volunteers gradually formed a social networking in the Chinese community and in the long term they influenced the design of a stable schedule of activities. The first step for The Glebe Centre to open a new activity program in the Chinese unit was to make a volunteer request according to the ratio between Cantonese-speaking and Mandarin-speaking residents. Depending on the volunteers' language skills, Participant 4 would pair up the volunteers up with suitable programs. She described the process of how she paired up a volunteer and the sing-along program:

[At the preparation stage,]I had some volunteers who would come to do the research for me. I had groups come in and I could ask them, "What song is it?" Once we had the songs, we created the song book. Then I looked for a volunteer who would help lead that [the actual singing section]. Later, I found a volunteer; she was Mandarin-speaking. She did belong to a chorus which is what I wanted, someone with musical background. I showed her the songbooks that I had.... We did the program together with a small group to try it out with.

Participant 4 said that volunteer involvement ensured timely adjustment of the programs. Taking the same example of the sing-along program, Participant 4 talked about how she further adjusted the program, "As time passed, volunteers would suggest they might have more songs to add to the song book. The program first started with one songbook and later on a second songbook was created based on feedback from volunteers or residents."

Some volunteers played a leading role in making the programs possible. As Participant 4 addressed, the popular social tea program on every Tuesday afternoon was attributed to the unremitting supply of food by a specific volunteer. The volunteer would make traditional congee

and also coconut cakes for residents. There was also a secure backup volunteer who had connections with local Chinese restaurants to make sure the food was always available for the social tea program. When volunteers could no longer participate in a program, they would recommend another volunteer in the Chinese community to replace them. Hence, the Chinese volunteer networking ensured sufficient human resources for the program facilitation.

Although The Glebe Centre greatly depended on Chinese volunteers in conducting cultural programs, it lacked a promotion plan to attract volunteers. As Participant 4 stated, the invitation for volunteers in the Chinese community was basically via word of mouth: It was a simple message to inform the Chinese population in the community that The Glebe Centre had a Chinese unit and they were always looking for volunteers' support, which could only reach a small number of audience who were usually over 50 years of age and had experience volunteering for other charity organizations. How to attract more Chinese volunteers of different ages is further discussed in the feasible suggestion section in Chapter 5.

Chapter Summary

This chapter presented and analyzed the results from the semi-structured interviews with eleven participants in this study using the three steps of the grounded-theory coding approach. Three main research findings merit attention. First, five major factors influencing Chinese residents' acculturation process at The Glebe Centre were revealed, including *previous multicultural life experience, strong family connections, self-accommodation abilities, residents' empowerment in making life decisions at The Glebe Centre, and Chinese cultural environment improved by The Glebe Centre*. Second, actions residents and family members would take to report unsatisfactory services or to request culturally specific services were demonstrated. With

reference to clear guidance, monthly resident councils, monthly family councils, annual individual family meetings, and special meetings, the majority of issues happening in the Chinese unit were properly handled. Third, interviews with the staff from different departments provided the researcher with multiple visions of challenges at different levels for The Glebe Centre when understanding Chinese residents' needs and integrating multicultural long-term care services in practice. *The frequent turnover of staff, the diversity of Chinese culture, the constant need to learn Chinese culture, and the restrictions of governmental regulations for geriatric facilities* were discussed at this point. Furthermore, the findings also indicated that family involvement and volunteer involvement were two important strategies for The Glebe Centre to design and facilitate Chinese cultural events.

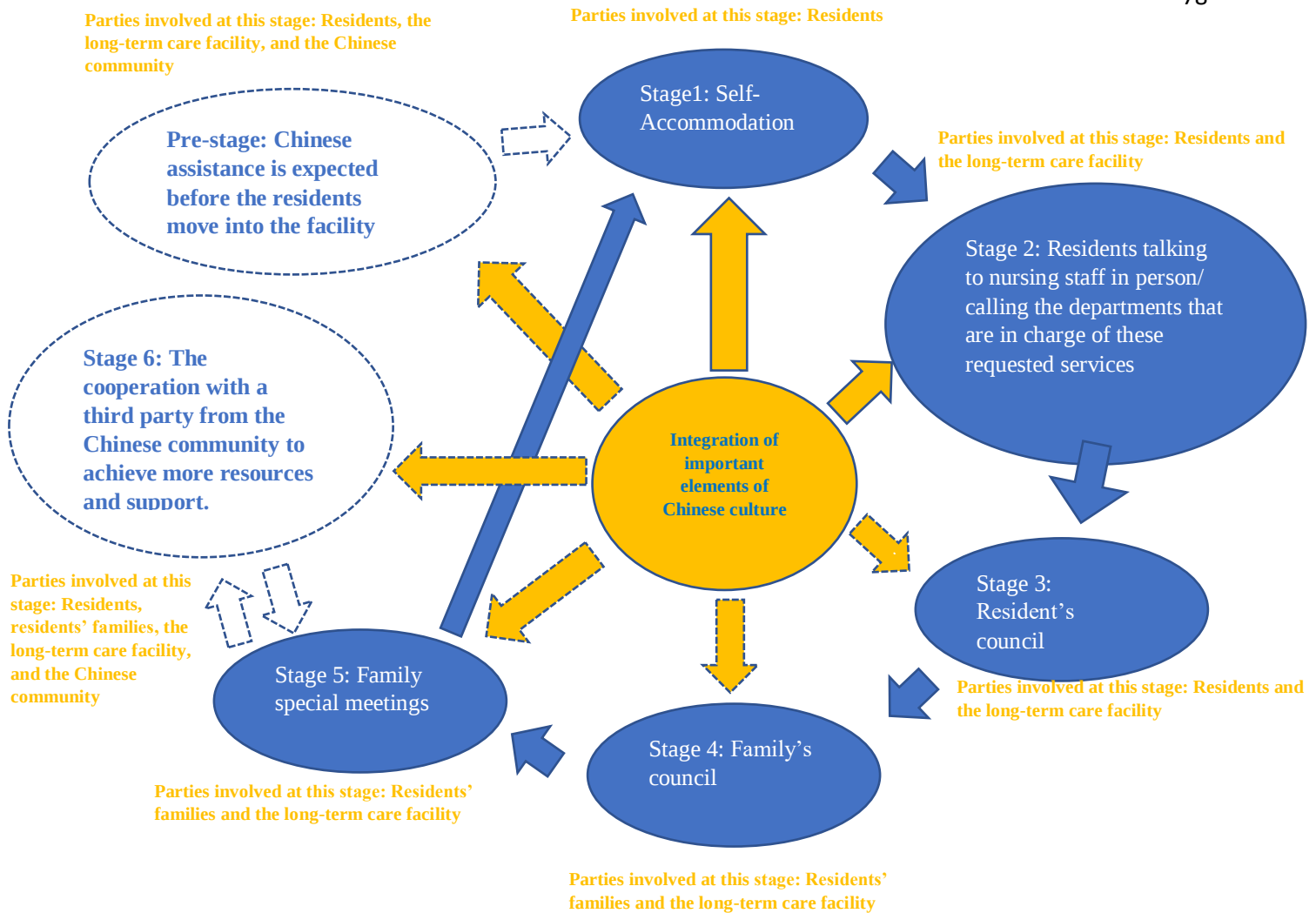
In the following chapter, further interpretation and discussion of the findings will be presented. First and foremost, employing the *transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center*, the researcher will explain Chinese residents and families' repeated pattern to communicate with the long-term care home for more culturally appropriate services. Other discussion topics will also be included, such as potential challenges The Glebe Centre might encounter with the increase of the Chinese population in the future, failing reasons of communication experiences in an attempt to satisfy residents and families' specific cultural needs. At the same time, in order to create a more culturally appropriate environment of The Glebe Centre for Chinese residents, the researcher will put forward feasible suggestions for The Glebe Centre to make better use of limited financial resources in designing entertainment programs and improving the quality of services based on the overall findings and discussions.

Chapter 5: Discussion

In Chapter 4, 5 themes emerging from participants' responses and their opinions towards the cultural aspects of elderly Chinese people's life at a multicultural long-term care center were reported and analyzed. Participants' responses still contain valuable implications that can be further interpreted and explored. Accordingly, further discussion of the study findings are presented in this chapter centering around the *transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center* developed by the researcher. The discussion includes topics such as potential challenges. The Glebe Centre might encounter in the future and reasons for unsuccessful communication experience in an attempt to satisfy residents and families' specific cultural needs. Chapter 5 also offers suggestions for The Glebe Centre to design more culturally appropriate programs and improve the quality of health-care services for the Chinese unit.

The Transactional Communication Model for Multiple Parties to Benefit Elderly Chinese People in a Multicultural Long-term Care Center

Elderly Chinese people's behaviors in a multicultural long-term care home represent a dynamic process of constant self-accommodations to the services provided by the long-term care facility. The transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center below shows that in the communication process to negotiate for culturally specific services, residents' behaviours undergo five stages.



Appendix H: Transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center

Stage 1 is an inherent process of residents' self-accommodation behaviors that are closely related to the factors influencing their acculturation process at the multicultural long-term care facility, as discussed in Chapter 4. These factors include previous multicultural life experience, strong connections with the family, and the positive attitudes towards aging. When elderly Chinese people move to the geriatric facility, at first they learn about the rules and routine activities in the Home. During this period, the Home provides them with systematic assistance, such as a residents' brochure to introduce to them available services in the building and other cultural

assistance such as Chinese meals and Chinese-speaking staff. After residents get familiar with the environment, they start to create their own lifestyle by combining more Chinese ethnic activities into the existing schedule arranged for them by the Home. With constant adjustment, residents obtain a new and stable life status in which they feel comfortable and safe. The process of acculturation is deemed as completed. At this stage, The Glebe Centre is making efforts in three respects when integrating Chinese culture into the service provision, including a culturally distinguishable exterior environment, employment of Chinese-speaking staff, and Chinese food provision.

From Stage 2, residents start to interact with the facility; the interaction at this stage involves simple conversations with the staff, in person or over the phone. When residents find that after changing their behaviors, they are still unsatisfied with the services provided, they will turn to nursing staff or other Chinese assistants, such as Chinese social workers from community centers to express their needs. These are usually needs that can be fulfilled by subtle adjustments by the service provider, such as respecting the preferred shower time. Through communication, The Glebe Centre can get to know the residents better. At this stage, the integration of elements of Chinese culture is mainly reflected by specific policies made by The Glebe Centre. For example, Chinese language skills weigh more importance than seniority when employing nurses for the Chinese unit.

If residents' needs cannot be satisfied by making simple adjustments by The Glebe Centre, residents will move to Stage 3: the representative resident will openly express a consolidated opinion of the group of the Chinese residents. As discussed in Chapter 4, Chinese collectivist culture inspires the formation of a small Chinese community in the Chinese unit at The Glebe Centre in which residents share information with each other and get united. If most

residents have some concern, the representative resident will collect opinions from residents and deliver them in the resident council. For example, many residents have complained about the types of breakfast provided because elderly Chinese people usually take hot dishes like steamed buns and porridge in the morning; however, with limited human resources in the cooking team, Chinese residents have the same cold dishes like milk and fruit salads as other residents in the building, which is regarded as culturally inappropriate to the Chinese residents. When the representative resident raises the issue at the resident council, The Glebe Centre recognizes that it is a request raised by most Chinese residents in the unit. The resident council acts as a channel for mutual communication that allows the Home to explain why the cultural needs cannot be satisfied at the moment or what other alternative actions will be taken. In this case, the cooking team cannot spare enough staff to prepare different food; however, after the resident council, Chinese porridge is provided at the social tea get-together party as a complementary food supply every Tuesday afternoon. At this stage, residents urge the Home to integrate Chinese culture into the service provision. The level of integration of Chinese culture needs enhancing.

When an unsatisfactory issue lasts for a long period with no progressive solutions, Chinese residents will get their children involved to help negotiate for their needs. In Stage 4, family members participate in the communication process and represent the residents to report the issues they are concerned with. The family council allows families to have a face-to-face conversation with the Home and get immediate feedback from responding departments that are responsible for residents' concerns. In the family council, family members not only express their cultural needs but also raise suggestions for solutions. For example, for the Chinese food provision issue, family members suggest that food suppliers of the local Chinese restaurants also supply The Glebe Centre with Chinese food materials. Family members' involvement urges The

Glebe Centre to make changes in the service provision. After the family council, although the meal provision may not fully meet the residents' expectation, changes can still be seen; for example, culturally popular food like Chinese noodles and steamed buns are offered once a week as lunch on Wednesday. Specific actions to deal with cultural issues are also missing at this stage, such as a specifically designed questionnaire for the Chinese unit to know the residents' needs.

The special meeting in Stage 5 deals with situations involving an urgent issue that requires instant solutions or a general agreement by family members before The Glebe Centre takes actions. In this process, The Glebe Centre acts as a mediator, explaining the difficulty of the situation and listening to the family members' voices. The special meeting aims at involving more family members in the decision-making to come to a consensus; The Glebe Centre does not play a leading role in the process. Stage 2, 3, 4 and 5 in the model establish an institutional environment guided by the regulations for geriatric facilities. Within the framework, Chinese residents and families are offered different approaches to communicate with The Glebe Centre. Although The Glebe Centre respects Chinese residents and families in the communication process, it fails to find out innovative solutions that fully meet residents' specific cultural needs. There is no trace of integration of elements of Chinese culture at this stage as The Glebe Centre mainly plays a role as a mediator in the communication process.

With the five steps mentioned above, residents and The Glebe Centre manage to find solutions or supplementary solutions for most complaints. Nevertheless, Chinese cultural integration is mostly seen in Stage 1 and 2 in residents' help-seeking behaviors. If there are unsolved problems, the communication system is not capable of providing alternative solutions.

Based on the residents' stories, at this point, they will return to stage 1 and repeat the previous actions to communicate with The Glebe Centre step by step.

As seen from the proposed model, the researcher added two steps, a pre-stage and a Stage 6, in the model the descriptions of which are in the textboxes with dash borders. In the model, Chinese culture is supposed to be fully integrated to each step of residents' help-seeking behaviors. The pre-stage is designed for elderly Chinese people who plan to move to a long-term care facility to help change their stereotypes and conventional perceptions of these organizations and to shorten the period of the acculturation after they move to the facility. Chinese assistance is desired before the residents move in the Home.

In addition, in the pre-stage and Stage 6, apart from residents, families, and the long-term care facility, the Chinese community is involved in providing culturally specific support. In Stage 6, The Glebe Centre is no longer a listener of residents but a leader to make changes. The Home will actively build connections with the Chinese community and obtain more resources from larger Chinese population groups. With the involvement of other Chinese associations in the community, The Glebe Centre may find new directions to solve issues regarding residents' culture-specific needs and return to Stage 5 to cooperate with the families again. In that case, residents' help-seeking behaviors will not start over from Stage 1 when no practical solutions are suggested by the Home in Stage 5.

Furthermore, in the proposed model, Chinese culture is integrated in each step of residents' movement. For example, when it comes to the residents' council in Stage 3, since it is a cultural tradition for elderly Chinese people not to openly express their opinions, alternative channels can be provided, such as a specific mailbox to collect Chinese residents' suggestion and complaint letters written in Chinese.

The role of culturally-specific elements and perception of aging in the provision of long-term service

Against the backdrop of the previous findings, the relationship between culturally-specific elements and aging in the process of long-term care service provision is worth engaging. The researcher regards that culture and perceptions of aging interact with one another and mutually influence one another. In the context of this study, culture can help elderly people develop positive attitudes towards the perception of aging at the self-accommodation stage and help them maintain good mental health. In addition, from the perspective of The Glebe Centre, it first recognizes and acknowledges the difference in the perception of aging for Chinese residents and then makes good use of culture to integrate elderly Chinese people into the process of aging at The Glebe Centre. For example, The Glebe Centre engages in this process by designing specific entertainment programs for Chinese residents and thus creating a better experience of aging.

Reasons of Unsuccessful Communication Experience in an Attempt to Satisfy Residents' Cultural Needs

Based on the findings in Chapter 4, staff of The Glebe Centre are always learning Chinese culture and making efforts to improve cultural specific services for Chinese residents. However, not all communication experiences are smooth and effective in which less feasible solutions are worked out to satisfy residents' cultural needs. In the following section, the researcher explores the reasons why innovative solutions to meet residents' cultural needs cannot be suggested by the Home.

Limitations of the communication framework

According to the model, The Glebe Centre has provided multiple channels for residents to express their opinions, by taking actions from Stage 2 to Stage 5, The Glebe Centre is able to satisfy most of residents' needs. However, the fulfillment of specific cultural needs of Chinese residents requires the participation of multiple parties and goes beyond the function of a framework that is mainly built upon supervision policies for long-term care facilities. For example, according to the feedback from the staff of The Glebe Centre, Chinese residents are not active in attending the resident council. With language barriers, the representative resident has to rely on the interpreter to deliver a speech. Besides, for a number of elderly Chinese people, it poses a threat to their public faces to openly express their personal opinions. Therefore, apart from the resident council, the researcher proposes other approaches, such as a specific letter box for Chinese residents to communicate with the Home.

Furthermore, although the communication framework is user-friendly, following which residents and families can find clear instructions of how to report complaints, the framework is a closed cycle, providing no further facilities to handle unsolved issues after Stage 5. As Participant 5 has said, "If they [staff from the Glebe Centre] fail to fulfill our [residents'] goal once, I will tell them [our cultural need] a second time, a third time until enough attention is being paid," which also implies that Chinese culture is supposed to be integrated in each step of the communication process.

Differences in understanding the role of the long-term care home

Based on Participant 3's descriptions, in the family council and special meetings, The Glebe Centre plays a role as a mediator to help reconcile different voices from different family members. The organization places itself in a position of a partner who cooperates with the families, listens to them, and solves problems with families together. However, Chinese residents

and families place themselves in a different position. Based on the interviews with the Chinese residents and families, The Glebe Centre is in a superior position, representing a powerful authority to them while residents are in an inferior position as receivers of social welfare in a long-term care facility. According to this cultural perception, residents and families hope that in order to solve problems resulting from cultural inappropriateness, the Home will take the lead and act as a pioneer in making innovative solutions. The Glebe Centre and Chinese residents and families define authorities' responsibilities differently. Participant 3's story that reflects his opinion towards authority is presented:

I think Chinese have respect for people with authority and in power; people who have authority and power are the ones they want to hear from. During the Chinese New Year, for example, when we do a speech, I always make sure that most senior person gives the speech. If my board chair is here, I write the speech for him to deliver because I think Chinese like to hear from the top.

For The Glebe Centre, the responsibility of authorities is to represent the organization and express respect for the Chinese residents. But for the Chinese residents, The Glebe Centre is an authority who has power and resources to carry out practice to satisfy their cultural specific needs. Therefore, the differences in understanding the role of the organization in implementation of cultural programs leads to different communication goals about how to improve the services so as to meet residents' request. It also explains the reason why The Glebe Centre largely relies on families and Chinese volunteers' involvement in the service provision: in the first place, The Glebe Centre identifies itself as a non-profit charity which is commonly supported by the community.

Lack of accessible resources to systematically learn Chinese culture

Currently, the majority of Chinese-speaking staff at The Glebe Centre are nursing staff. For Participant 3, 4, and 9 in the thesis, they learn about Chinese culture when they manage the

quality of services and design programs for the Chinese unit. The challenges resulting from the cultural differences motivate these administrative staff to learn Chinese culture, which implies that in most cases they gain Chinese cultural knowledge from individual events.

In Chapter 4, an example of a failing attempt of The Glebe Centre to expand the cooking team for the Chinese unit is presented. The Glebe Centre planned to ask the family members for partial funding to support the expanded cooking team but gained little response. From the perspective of The Glebe Centre, it is difficult to make the Chinese family members understand the necessity of the expansion. According to the Home, the improvement of Chinese food provision pertained to the quantity of Chinese food offered for the residents. However, based on residents and families' response in the interviews, an ideal Chinese meal pertained to the cooking method and the authentic flavor of Chinese food, which could be fulfilled by adjusting the menu, with no required significant increase in the cost. For residents, the frequency of Chinese food provision is less important compared to the authentic flavor at the moment as the number of the Chinese meals provided per day was seldom mentioned by the residents in the interviews. The differences in understanding culturally appropriate food leads to different communication goals between the Home and the residents about how to improve the Chinese meals in the unit which leads to a failing in the fulfillment of the Chinese food provision improvement plan.

Furthermore, the lack of Chinese cultural knowledge prevents The Glebe Centre from making full use of the available resources in the Chinese community as well. As the Home does not fully understand residents' cultural needs, the Home usually asks the partnership associations in the Chinese community for Chinese-speaking volunteers. These Chinese associations can provide more culture-specific resources, such as Chinese reading materials and Chinese board games. It requires important cultural knowledge to fully understand Chinese residents' cultural

needs so The Glebe Centre may consider asking for long-term collaborative programs to systematically learn Chinese culture when cooperating with associations in the Chinese community.

Potential Challenges that The Glebe Centre Might Encounter in the Future

Based on the findings in Chapter 4, if current challenges continue to develop with time, it will become more difficult for The Glebe Centre to manage the multicultural environment. There could be two major potential challenges in the future. The first challenge can result from the gap between the resources for the Chinese unit and the rapid growth of the number of Chinese residents. Participant 3 has been concerned with the increasing demand of Chinese assistance because The Glebe Centre is currently the only long-term care center that has a specific unit for Chinese residents and the average waiting time to get into the Chinese unit is 5 years. This means that there is going to be more Chinese residents choosing to live in other units in the Home before there is an available room in the Chinese unit, which expose Chinese residents to a more multicultural environment where, in the absence of adequate Chinese-speaking staff members, the elderly Chinese people will stay with residents speaking different languages. Therefore, for The Glebe Centre, the deeper cooperation with the Chinese community for more cultural resources is a must.

The other challenge can be an emotional outburst from residents and families when their needs cannot be met timely or when no improvement is seen in the services. As showed in the transactional communication model, for elderly Chinese people, the first step they take to deal with unsatisfactory services is by self-accommodation. In this process, residents, more or less, lower their expectations of the service quality. Therefore, when residents decide to move to the next stage to negotiate with The Glebe Centre, the reported issues are more acute and urgent than

they appear. Issues that remain unsolved for a long period can greatly destroy residents' overall positive impression of the long-term home.

Feasible Suggestions for The Glebe Centre to Make Better Use of Limited Resources

Based on the above discussion, the researcher proposes feasible suggestions to help alleviate the stress caused by constant demands from residents and families and encourage more culturally specific policies to benefit the residents, which is reflected in the transactional model.

Although The Glebe Centre has established stable partnerships with a number of Chinese associations, the collaboration does not seem to have any long-term influence. For example, for a special event, the Home communicates the needs and accordingly the Chinese associations provide available resources to meet those needs. Currently, community activity centers and churches are two kinds of Chinese organizations that actively support The Glebe Centre. Common resources provided for the Home are Chinese-speaking volunteers and regular group visits from these associations. The transactional model aims at encouraging The Glebe Centre to develop skills to fully understand Chinese residents' cultural needs at a deeper level with more understanding of Chinese culture to achieve more cooperation opportunities with different kinds of Chinese organizations besides community centers and churches. Two examples are universities where there are more young Chinese people and Chinese media, such as local Chinese newspapers that are able to help promote the organization at a larger scale within the Chinese community. Apart from Chinese-speaking volunteers and regular group visits, The Glebe Centre may ask for help from other available resources, such as the Chinese social networks to help with the fundraising events for the Chinese unit.

In addition to cooperating with other types of Chinese associations, there are more possibilities when cooperating with the Chinese community activity center. For example, in order to alleviate residents' concern with moving into a long-term care home, cultural workshops can be held to discuss the issue of living at a long-term care center. Participant 11 talked about similar cultural workshops held in other multicultural long-term care facilities in Toronto. In those workshops, messages such as "Living at a long-term care home does not necessarily mean being abandoned by the children or disconnected from the family," "Elderly people are never the family's burden" were promoted. Just as Participant 1's comment on her move to The Glebe Centre, although it was her personal choice to move into the Home, she still had the fear that she was a burden to her family. These communicative messages in the workshop were convincing because they were delivered by residents already living in the long-term care home. The Glebe Centre may consider cooperating with the activity centers for elderly Chinese people in the community to hold similar workshops. These workshops can help to change elderly Chinese people's stereotypes of the image of long-term care facilities and establish a new perception that aging parents are not burdens of the families. Besides, these workshops can help new residents develop a more positive attitude toward living in a long-term care home; hence, their acculturation process can be smoother.

Moreover, the cooperation with diverse types of Chinese associations can help obtain more sufficient financial resources to fulfill Chinese residents' cultural needs. In the Chinese culture, it is an unspoken tradition to support other Chinese people and get united when they are abroad. With the increasing number of Chinese immigrants in Ottawa, there is going to be more opportunities for The Glebe Centre to establish partnerships with more Chinese associations.

Stage 6 in the transactional model is designed to get Chinese associations involved in the service provision of the Home. When The Glebe Centre cannot communicate well with the Chinese residents, it can invite people from a Chinese association to help convey the messages in a culturally appropriate manner. The model hopes to develop a transactional communication system in which the Home can get multiple parties involved to obtain external supports from the boarder Chinese community and facilitate the solution when an issue remains unsolved after five stages of communication with the Chinese residents and families. In the process, The Glebe Centre acts as a mediator that cooperates with multiple parties. The Home is expected to truly understand Chinese residents' needs with the assistance from the Chinese associations and then mobilize the resources from these associations to meet the residents' cultural needs. By doing so, Chinese residents and families act as bonds among all parties involved and help establish trust between The Glebe Centre and other Chinese associations.

For example, in order to deal with the Chinese food provision case, when The Glebe Centre has difficulty raising funds among the Chinese residents and families for more Chinese food supplies after several special meetings in Stage 5, The Glebe Centre can invite a Chinese association to attend a meeting to help understand if there is any cultural barrier to convey the message that the expansion of the Chinese cooking team is necessary. The Chinese association can help the Home understand that the residents' urgent need is the authentic Chinese flavor of the food instead of more frequent Chinese food provision. In the meantime, since the Chinese association gets to know the residents' need, it may provide resources available for the Home to fulfill the proposed need. For example, people from the Chinese association can introduce Chinese food suppliers to the Home to ensure a continuous supply of Chinese food materials.

The transactional model aims at helping The Glebe Centre build up long-term cooperation with the Chinese community. This model can help The Glebe Centre establish trust with the Chinese community when Chinese residents and families become the bridges between the two parties. Additionally, The Glebe Centre can introduce itself to more Chinese people in the community. Currently, The Glebe Centre is mainly heard of via word of mouth by volunteers and residents' families within the Chinese community. Therefore, it is first known as a long-term care facility, which may cause confusion among residents and families when they are asked to make a donation: why is The Glebe Centre still appealing for their financial support when the government provides funding for the Home? However, with Chinese associations involved in the communication with residents and families, Chinese culture can be better integrated and thus The Glebe Centre can offer more chances to promote its non-profit and charitable image in addition to the professional image as a medical care facility. In the long-term, culture integration will reduce the misunderstandings resulting from different organizational roles of The Glebe Centre.

Chapter summary

This chapter first illustrated the grounded-theory model that was informed by the overall analysis of the interview data. The *transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center* summarized a stable pattern of how Chinese residents and their families negotiated with the organization for more culturally specific long-term care services with a series of steps. After introducing the model, the researcher explored potential reasons why The Glebe fails to fully understand Chinese residents' cultural needs after communicating with residents and family members in different ways. . From the perspective of The Glebe Centre, factors that impeded the communication process with the

Chinese unit were further discussed, including limitations of the communication framework, difference in understanding the role of the long-term care facility, and lack of accessible resources to systematically study Chinese culture. Moreover, the researcher put forward suggestions for The Glebe Centre to make better use of the limited resources to provide more culturally appropriate services for the Chinese unit. The involvement of the Chinese community to help integrate Chinese culture into the provision of services was discussed.

The following chapter will summarize all the findings for the whole study. Limitations of the study will also be reported. Finally, the chapter will end with a discussion of the significance of the study and future research directions.

Chapter 6: Conclusions

Using the case of The Glebe Centre as a multicultural long-term care providing facility, this study has explored elderly Chinese immigrants' behaviors to get themselves adapted to the multicultural environment and negotiate for more culturally specific services in the geriatric facility. To this end, semi-structure in-depth interviews were conducted with eleven participants, including three residents in the Chinese unit on the 6th floor of The Glebe Centre, three family members, three administrative staff, and also one Chinese board member of The Glebe Centre. The study first aimed at exploring major factors influencing elderly Chinese people's acculturation process in a multicultural long-term care center. Then it summarized a pattern of how residents and family members communicated with The Glebe Centre for more culturally appropriate services. Third, it revealed major challenges from the perspective of The Glebe Centre when understanding Chinese residents' needs and integrating multicultural long-term care services in practice. Finally, it put forward feasible suggestions for The Glebe Centre to make better use of limited financial resources in designing culturally appropriate programs.

The findings show that there were five major factors influencing Chinese residents' acculturation process at The Glebe Centre. The first was residents' previous multicultural life experience. The three resident participants had lived in a multicultural environment for over a decade before moving to The Glebe Centre and they got used to the new environment quickly. The second was their strong family connections which allowed them to maintain as much previous lifestyle as possible. The third was elderly Chinese people's self-accommodation abilities; as an element of their ethnic identity, the ability assisted them with maintenance of good mental health. The fourth was residents' pursuit of empowerment of participation in the life at The Glebe Centre, which encouraged them to make constant efforts to negotiate for culturally

specific services. The last was the Chinese cultural environment improved by The Glebe Centre, including tangible facilities and intangible cultural convenience.

In the study, residents and family members utilized the communication system established by The Glebe Centre to realize their goal to request Chinese culture specific services. With five steps, including reference to clear guidance, monthly resident councils, monthly family councils, annual individual family meetings, and special meetings, the majority of issues occurring in the Chinese unit were properly handled. However, the previous communication system was not able to handle issues demanding more cultural knowledge, such as Chinese food provision.

Following that, the researcher sheds light on challenges at different levels facing The Glebe Centre when understanding Chinese residents' needs and integrating Chinese culture into multicultural long-term care services, further explaining the reasons why cultural issues could not be solved within the current institutional environment. Four factors challenged The Glebe Centre in the multicultural service provision, which include the frequent turnover of staff, the diversity of Chinese culture, the constant need to learn about Chinese culture, and the restrictions of governmental regulations for geriatric facilities.

Based on the analysis of the interview data, the researcher developed *the transactional communication model for multiple parties to benefit elderly Chinese people in a multicultural long-term care center*, illustrating the step by step process of how Chinese elderly and their families negotiated with The Glebe Centre for more culturally specific long-term care services. In the model, the researcher added an additional step to cooperate with a third-party organization from the Chinese community, which offered further opportunities for the organization to obtain extra support from broader society.

Apart from the presentation of the model, factors impeding communication with the Chinese community were discussed, including limitations of the existing communication framework, difference in understanding the role of the organization, and lack of accessible resources to systematically study Chinese culture.

In the end, centering round the transactional communication model, two suggestions were proposed for The Glebe Centre to better make use of the limited resources to provide culturally appropriate services for the Chinese unit.

Limitations of the Study and Future Research Directions

Although this study has revealed some of the aspects of elderly Chinese immigrants' life in a multicultural geriatric facility in Ottawa, there are several limitations that need to be accounted for when interpreting the findings.

First of all, as the case study was conducted in a single unit of The Glebe Centre, the size of the study sample is relatively small. Although there are numerous multicultural long-term care homes in Ottawa, The Glebe Centre is currently the only one that provides specific Chinese assistance for Chinese residents; no other homes can provide similar environments for comparisons. Therefore, to expand the scope of elderly Chinese immigrants' life in a multicultural environment, in the future, case studies can be conducted in long-term homes that also have a specific unit for Chinese elderly in cities with larger Chinese populations, such as Toronto and Vancouver.

Another limitation includes the role of the researcher. Since she has volunteered for The Glebe Centre for over two years, it is specially challenging to maintain absolute impartiality in the study. However, the volunteer experience also allowed to communicate frequently with the

Chinese residents and establish trust with them, which made it possible to invite them to share their personal stories with the researcher in the study. The researcher has tried preventing herself from over-interpreting and involving her personal opinions into the analysis by asking the participants hypothetical questions during the interview and constantly comparing data in the coding process.

In addition, as revealed in the study, in spite of the small number of Chinese residents in the unit, diverse Chinese sub-cultures co-exist. Accordingly, the researcher only points out how the subtle differences of regional Chinese cultures influence the cultural program design and other service provision, which leaves possibilities to study how to manage a multicultural environment with different sub-cultures, such as the Francophone speaking people.

Furthermore, taking the current aging trend into consideration, this study inspires more discussions in the future: when the group of elderly people of 65 years old and more keeps aging, the number of the eldest members among the group, for example those who are over 85 years old, keeps growing, should all long-term care facilities still aim at striking a balance between cultural integration during the provision of long-term care services and universal meanings of aging, mainly focusing on core elements of aging such as elderly peoples' social and family ties, social participation, and empowerment, and so on? Or, are cultural elements still of more importance and are culturally-specific long-term care facilities encouraged to be built within specific cultural communities?

Practical Implications of the Study

In spite of the limitations discussed above, the study sheds light on the elderly Chinese immigrants' life status in a multicultural long-term care facility in Ottawa, exploring cultural factors influencing the acculturation process and actions elderly Chinese people take to negotiate for culturally appropriate services. Since most current geriatric studies on elderly Chinese

immigrants focus on their retirement life in Canada, on one hand, little of their life outside of the community is explored. On the other hand, little is known about the availability and accessibility of specific long-term care services for elderly Chinese people in Ottawa. This study helps to promote the efforts made by The Glebe Centre to manage the multicultural environment and integrate Chinese culture into the service provision; it also discusses challenges The Glebe Centre is encountering during the process of integration of Chinese culture in the provision of long-term care service. As such, the study provides a comprehensive understanding of the current situation of elderly Chinese people's life in a geriatric facility. A general conclusion is drawn that elderly Chinese immigrants living in a long-term care home in Ottawa feel satisfied with the health-care services offered but still look forward to more culturally appropriate services and actively communicate with the long-term care facility for their needs. At the same time, although challenged at different levels at present, the long-term care facility keeps learning to better manage the multicultural environment and improve the quality of service for Chinese residents.

Findings in the thesis first offers a general picture of elderly Chinese immigrants' help-seeking behaviors to acculturate to a long-term home and the self-accommodation spirit rooted in the Chinese culture is considered as a valuable tool that greatly helps with elderly people's help-seeking behaviors.

Second, with an increasing number of Chinese immigrants, especially elderly immigrants settling in Ottawa, the need of long-term care services will accordingly increase; more long-term care facilities must be built in order to satisfy the increasing needs of Chinese residents. Therefore, the case study of The Glebe Centre provides future researches with more insights into how Chinese culture is integrated in the provision of long-term care services. It inspires future

investigation on the development of long-term care services for elderly Chinese immigrants in smaller cities in Canada. The study also guides the long-term care facilities to establish cooperation with the Chinese community. The suggestions presented in the study may provide possible solutions to other small multicultural long-term care facilities that are challenged by insufficient resources to provide culture-specific programs in the provision of long-term care services.

Lastly, the findings of the study show that governmental regulations to ensure a safe environment for long-term care facilities can restrict the implementation of culturally appropriate programs for residents from other cultural backgrounds. The researcher hopes to appeal to government policy-makers to take cultural appropriateness into consideration when modifying and establishing supervision regulations for multicultural long-term care facilities in the future.

References

- Andrus, M., & Roth, M. (2002). Health literacy: A review. *Pharmacotherapy*, 22(3), 282-302.
- Apker, J. (2012). *Communication in health organizations*. Cambridge: Polity.
- Armstrong, P., & Canadian Electronic Library. (2009). *A place to call home: Long-term care in Canada*. Halifax: Fernwood Pub.
- Berelson, B. (1952). *Content analysis in communication research*. New York, NY, US: Free Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Bryman, A. (2003). Triangulation. *Encyclopedia of social science research methods*, 8. London: Sage.
- Cao, H., & Poy, V. (2012). *The China challenge sino-Canadian relations in the 21st century*. Ottawa: University of Ottawa Press.
- Carbaugh, D. (Ed.). (1990). *Cultural communication and intercultural contact*. Hillsdale, NJ: Lawrence Erlbaum.
- Carreon, D., & Noymer, A. (2011). Health-related quality of life in older adults: Testing the double jeopardy hypothesis. *Journal of aging studies*, 25, 371–379.
- Chang, Y., Su, C., Chen, R., Yeh, C., Huang, P., Chen, C., & Chu, M. (2016). Association between organization culture, health status, and presenteeism. *Journal of occupational and environmental medicine*, 57(7), 765-771.
- Charon, R. (1993). Medical interpretation: Implications of literary theory of narrative for clinical work. *Journal of narrative and life history*, 3, 79-97.
- Charon, R. (2001). Narrative medicine: Form, function, and ethics. *Annals of internal medicine*, 134, 83-87.

- Chenoweth, L., King, M.T., Jeon, Y.H., & Brodaty, H. (2009). Caring for aged dementia care resident study (CADRES) of person-centred care, dementia-care mapping, and usual care in dementia: A cluster-randomized trial. *Lancet neurology*, 8(4), 317–326.
- China Center for Research on Aging. (2007). *Demographic change in China: Ageing of the world's largest population*. Bangkok: United Nations Population Fund.
- Citizenship and Immigration Canada. (2015). Facts and figures 2014: Immigration overview. Retrieved from: <http://www.cic.gc.ca/english/pdf/2014-Facts-Permanent.pdf>
- Cho, H. (Ed.). (2012). *Health communication message design: Theory and practice*. London: Sage.
- Chow, H. P. (2012). Health care service needs and correlates of quality of life: A case study of elderly Chinese immigrants in Canada. *Social indicators research*, 106(2), 347-358.
- Coffman, M., & Norton, C. (2010). Demands of immigration, health literacy, and depression in recent Latino immigrants. *Home health care management & practice*, 22(2), 116–122, doi: 10.1177/1084822309347343.
- Cool, L. E. (1981). Ethnic identity: A source of community esteem for the elderly. *Anthropological quarterly*, 54, 179–189.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (Fourth ed.). Los Angeles, Calif: Sage Publications.
- Creswell, J., & Miller, D. (2000). Determining validity in qualitative inquiry. *Theory into practice*, 39(3), 124-130.

- Czarniawska, C. (2008). Organizing: How to study it and how to write about it. *Qualitative research in organizations and management: An international journal*, 3(1), 4-20.
- Czarniawska, B. (2014). Why I think shadowing is the best field technique in management and organization studies. *Qualitative research in organizations and management: An International Journal*, 9(1), 90-93.
- Da, W., Garcia, A. C, Ceris, & Canadian Electronic Library. (2010). *An exploration of socio-cultural adaptation and changes in quality of life at settlement among older Chinese immigrants in Canada*. Toronto, Ont.: CERIS- The Ontario Metropolis Centre.
- Davis, R. E., & Resnicow, K. (2011). The cultural variance framework for tailoring health messages. *Health communication message design: Theory and practice*, 115-136.
- De Stricker, U. (Ed.). (2014). *Knowledge Management Practice in Organizations: The view from inside*. IGI Global.
- Dickson, R., & Timble, J. E. (2005). Ethnic identity. In Fisher C. B. & Lerner R. M. (Eds.), *Encyclopedia of Applied Developmental Science*, 1, 415–420. Thousand Oaks: Sage.
- Dowd, J. J., & Bengtson, V. L. (1978). Aging in minority populations: An examination of the double jeopardy hypothesis. *Journal of Gerontology*, 33(3), 427–436.
- Ellingson, L. L. (2003). Interdisciplinary health care teamwork in the clinic backstage. *Journal of applied communication research*, 31, 93-117.
- Feng, Z., Liu, C., Guan, X., & Mor, V. (2012). China's rapidly aging population creates policy challenges in shaping a viable long-term care system. *Health affairs (project hope)*, 31(12), 2764-73.
- Ferraro, K. F., & Farmer, M. M. (1996). Double jeopardy to health hypothesis for African Americans: Analysis and critique. *The journal of health and social behavior*, 37(1), 27

- Flick, U. (2007). *Managing quality in qualitative research*. London: Sage.
- Flick, U. (2014). *The SAGE handbook of qualitative data analysis*. Sage Publications.
- Fossey, J., Ballard, C., Juszczak, E., James, I., Alder, N., & Jacoby, R. (2006). Effect of enhanced psychosocial care on antipsychotic use in nursing home residents with severe dementia: Cluster randomized trial. *British medical journal*, 332, 756-761.
- Fowler, F. J. (2002). *Survey research methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Gibbs, G. R. (2007). Analyzing qualitative data. In U. Flick (Ed.), *The Sage qualitative research kit*. London: Sage.
- Glaser, B. G., Strauss, A. L., & Strutzel, E. (1968). The discovery of grounded theory: strategies for qualitative research. *Nursing research*, 17(4), 364.
- Grabowski, D. C., Elliot, A. W., Leitzell, B., Cohen, L., & Zimmerman, S. (2014). Who are the innovators? Nursing homes implementing culture change. *Gerontologist*, 54(1), 65-75.
- Gracie, B., Moon, S., & Basham, R. (2012). Inadequate health literacy among elderly immigrants: characteristics, contributing, and service utilization factors. *Journal of human behavior in the social environment*, 22(7), 875-895.
- Gubrium, J. (2012). *The Sage handbook of interview research the complexity of the craft* (2nd ed.). London: Sage.
- Hamel, J., Dufour, S., & Fortin, D. (1993). *Case study methods*. Newbury Park, Calif.: SAGE.
- Hamel, J., Platt, J., Zonabend, F., Ramognino, N., Collins, R., Yin, R., & Quéré, L. (1992). The case method in sociology. *Current sociology*, 40(1), 1-200.
- Harter, L. M., Japp, P. M., & Beck, C. S. (Eds.). (2006). *Narratives, health, and healing: Communication theory, research, and practice*. Mahwah, N.J.: Lawrence Erlbaum Associates.

- Hawkins, R., Kreuter, M., Resnicow, K., Fishbein, M., & Dijkstra, A. (2008). Understanding tailoring in communicating about health. *Health education research*, 23(3), 454-466.
- Helmer, J. (1993). Storytelling in the creation and maintenance of organizational tension and stratification. *Southern communication journal*, 59, 34-44.
- Hoffman-Goetz, L., Donelle, L., & Ahmed, R. (2014). *Health literacy in Canada: A primer for students*. Canadian Scholars' Press.
- Hubble, N. (2006). *Mass-observation and everyday life culture, history, theory*. New York: Palgrave Macmillan.
- Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. Washington, DC: The National Academies Press.
- Isajiw, W. W. (1990). Ethnic-identity retention. *Ethnic identity and equality*. Toronto: University of Toronto Press.
- Isreal, M., & Hay, I. (2006). *Research ethics for social scientists: Between ethical conduct and regulatory compliance*. London: Sage.
- Karlsen, S., & Nazroo, J. Y. (2002). Agency and structure: The impact of ethnic identity and racism on the health of ethnic minority people. *Sociology of health & illness*, 24, 1-20.
- Keller, D. (2014). The learning organization. In De Stricker, U. (Ed.). *Knowledge management practice in organizations: The view from inside*. IGI Global.
- Keshvari, M., Hedayati, B., Moeini, M., & Alhani, F. (2015). A survey on the effect of implementation of a family-centered empowerment model on blood pressure and empowerment dimensions in the elderly people with hypertension. *Journal of education and health promotion*, 4, doi: 10.4103/2277-9531 17 1808.

- Kickbusch, I. & Magg, D. (2008). Health literacy. *International encyclopedia of public health*, 3, 204-208. San Diego: Academic Press.
- Kitwood, T. (1993). Towards a theory of dementia care: The interpersonal process. *Ageing and society*, 13(1), 51–67.
- Kleinman, A., & Benson, P. (2006). Anthropology in the clinic: The problem of cultural competency and how to fix it. *PLoS medicine*, 3(10).
- Koren, M. J. (2010). Person-centered care for nursing home residents: The culture change movement. *Health affairs (Millwood)*, 29, 312–317.
- Kreps, G. L. (1990). Stories as repositories of organizational intelligence: Implications for organizational development. *Communication yearbook*, 13, 191–202.
- Kreuter, M.W., Lukwago, S.N. Bucholtz, D.C., Clark, E.M., & Sanders-Thompson, V. (2002). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health education & behaviors*, 30(2), 133-146.
- Lagacé, M., Tanguay, A., Lavallée, M., Laplante, J., & Robichaud, S. (2012). The silent impact of ageist communication in long term care facilities: Elders' perspectives on quality of life and coping strategies. *Journal of aging studies*, 26(3), 335-342.
- Lai, D. (2012). Ethnic identity of older Chinese in Canada. *Journal of cross-cultural gerontology*, 27(2), 103-117.
- Lindlof, T., & Taylor, B. C. (2011). *Qualitative communication research methods* (3rd ed.). SAGE.
- Lyons, S. S. (2010). How do people make continence care happen? An analysis of organizational culture in two nursing homes. *Gerontologist*, 50(3), 327-339.
- Mattingly, C. (1998). *Healing dramas and clinical plots: The narrative structure of experience*. Cambridge: Cambridge University Press.

- Morgan-Witte, J. (2005). Narrative knowledge development among caregivers: Stories from the nurses' station. *Narratives, health, and healing: Communication theory, research, and practice*, 217-236.
- Morgan, J. M., & Krone, K. J. (2001). Bending the rules of "professional" display: Emotional improvisation in caregiver performances. *Journal of applied communication research*, 29, 317-340.
- Mujahid, G., Kim, A. H., & Man, G. C. (2011). Transnational intergenerational support: Implications of aging in mainland China for the Chinese in Canada. *The China challenge sino-Canadian relations in the 21st century*. Ottawa: University of Ottawa Press.
- National Aboriginal Health Organization (NAHO). (2008). Cultural competency and safety: A guide for health care administrators, providers and educators. Ottawa: National Aboriginal Health Organization. Retrieved from www.naho.ca/documents/naho/publications/CulturalCompetency.pdf
- Neuendorf, K. A. (2002). *The content analysis guidebook*. London: Sage.
- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health promotion international*, 15 (3), 259-267.
- Paige, M. (Ed.). (1992). *Education for the intercultural experience*. Yarmouth, ME: Intercultural Press.
- Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. *International journal for quality in health care*, 8(5), 491-497.
- Phinney, J. S., & Ong, A. D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. *Journal of counseling psychology*, 54, 271-281.

- Rootman, I., & Gordon-El-Bihbety, D. (2008). *A vision for a health literate Canada: Report of the expert panel on health literacy*. Ottawa: Canadian public health association. Retrieved from <http://www.cpha.ca/uploads/portals/h-l/ reporte.pdf>.
- Saadat, M. F. (2013). *Addressing factors related to depression and mental health in elderly Chinese immigrant women in Ontario*. University of Ottawa, Canada.
- Sasson, S. (2001). The impact of ethnic identity upon the adjustment and satisfaction of Jewish and African American residents in a long-term care facility. *Social work in health care*, 33(2), 89–104.
- Sam, D. L. (2000). Psychological adaptation of adolescents with immigrant backgrounds. *Journal of Social Psychology*, 140, 5-25.
- Schein, E., Fowler, R. D., Offermann, L. R., & Gowing, M. K. (1990). Organizational culture. *American psychologist*, 45(2), 109-119.
- Schiavo, R. (2013.). *Health communication: From theory to practice* (2nd ed.). San Francisco: Jossey-Bass.
- Schyve, P. (2007). Language differences as a barrier to quality and safety in health care: The joint commission perspective. *Journal of general internal medicine*, 22(2), 360-361.
- Seperson, S., Hegeman, C. R, & Foundation for Long Term Care. (2002). *Elder care and service learning: A handbook*. Westport, Conn: Auburn House.
- Shah, B., Chiu, M., Amin, S., Ramani, M., Sadry, S., & Tu, J. (2010). Surname lists to identify South Asian and Chinese ethnicity from secondary data in Ontario, Canada: A validation study. *BMC medical research methodology*, 10, 42.
- Simic, A. (1993). Aging and ethnic identity: A refutation of the double-jeopardy theory. *Journal of case management*, 2(1), 9–13.

- Simich, L. (2009). Health literacy and immigrant populations. *Policy brief prepared at the request of the public health agency of Canada, Ottawa*. Retrieved from http://canada.metropolis.Net/pdfs/healthliteracypolicy_brief_jun15_e.pdf.
- Sokolovsky, J. (1985). Ethnicity, culture and aging: Do differences really make a difference? *Journal of applied gerontology*, 4, 6–17.
- Statistics Canada. (1997). *Reading the future: A portrait of literacy in Canada—highlights: National literacy secretariat*. Retrieved from <http://www.statcan.gc.ca/pub/89f0093x/4198665-eng.pdf>.
- Statistics Canada. (2007). *A portrait of seniors in Canada 2006*. Ottawa, ON: Ministry of Industry.
- Stedman, T. L., & Stedman, T. L. (2006). *Stedman's medical dictionary* (28th Ed). Philadelphia: Lippincott Williams & Wilkins.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research* (2nd Ed.). Thousand Oaks, CA: Sage Publications.
- Tangherlini, T. R. (2000). Heroes and lies: Storytelling tactics among paramedics. *Folklore*, 111, 43–66.
- The Glebe Centre. (2016). Glebe Centre History. Retrieved from http://www.glebecentre.ca/glebe_centre_history.php.
- Treadwell, D. (2011). *Introducing communication research: Paths of inquiry*. Los Angeles, Calif: Sage Publications.
- Thompson, T.L., Dorsey, A.M., Miller, K.I., & Parrott, R. (2003). *Handbook of health communication*. Mahwah, NJ: Lawrence Erlbaum.
- Urquhart, D., Social Planning Council of Ottawa-Carleton, Ottawa, & Canadian Heritage. (2008). *Mixed blessings and missed opportunities the intercase study on inclusion and exclusion of*

Ottawa's visible and ethnic minority residents. Ottawa, Ont.: Social Planning Council of Ottawa-Carleton.

U.S. Department of Health and Human Services, Office of Minority Health. (2005). *What is cultural competency?* Retrieved from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=31>

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=31>

Vala-Webb, G. (2014). Building smarter organizations: Culture, complexity, and connecting through enterprise social networks. In De Stricker, U. (Ed.). *Knowledge management practice in organizations: The view from inside*. IGI Global.

Van-Dijk, J. V. (2004). The role of ethnicity and religion in the social support system of older Dutch Canadians. *Canadian journal on aging*, 23(1), 21–34.

Wolcott, H. (2003). *The man in the principal's office: An ethnography*. Lanham, MD: AltaMira Press.

Zhong, X.B., & Lou, W.Q. (2012). Practice person-centered care for demented older adults in Hong Kong residential care facilities: A qualitative exploration. *Asia health care journal*, 2, 14–19.

Zhong, X., & Lou, V. (2013). Person-centered care in Chinese residential care facilities: A preliminary measure. *Aging & mental health*, 17(8), 952-958.

Zimmerman, D.H. & Wieder, D.L. (1977). The diary: Diary-interview method. *Urban life*, 5, 479-498.

Appendix A: Interview Guide

Questions for residents:

Section A: Background Information

- 1) How long have you been in Canada?
- 2) How long have you been at The Glebe Centre?
- 3) Do you have any specific religious belief?

Section B: Life Experience at The Glebe Centre

- 4) What is a typical day for you at The Glebe Centre?
- 5) What is the major reason for you to choose to live in a long-term care service center?
 - a) If you had moved to Canada after you retired, why did you choose to leave China and enjoy the retirement life in Canada? (for immigrants who moved to Canada after retirement)
- 5) Are there any challenges for you to live in multicultural environment (prompt: will explain that it involves living with people from other cultures)?
 - a) If yes, is there any specific story that you would like to share?
 - b) If no, how do you adapt to/get used to cultural differences in daily activities at The Glebe Centre?
- 6) Can you think of any effort made by The Glebe Centre to create a culturally appropriate environment for Chinese residents? (prompt: if needed, provide examples such as -- any activities designed according to Chinese traditions or having more Chinese speaking staff)
- 7) How do you communicate with staff members who do not speak Chinese?
 - a) How do you make sure they understand you, what you mean?
 - b) If they fail to understand you, what do you say, what do you do then?

8) What do you think is the most important element in your life at The Glebe Centre? (prompt: if needed, provide examples such as -- culturally appropriate food, having Chinese speaking staff or person-centered/tailored health care service)

Questions for residents' families:

Section A: Background Information

- 1) How long have you been in Canada?
- 2) Do you or your family choose to live at The Glebe Centre? Why?

Section B: Communication Experience with Staff from The Glebe Centre

- 3) Based on your experience and observation, what do you think of your family's current life status at The Glebe Centre?
- 4) How often does The Glebe Centre contact you and how? (e.g., by e-mail or by phone, or other means?)
 - a) Do you think it (the communication and the channel used) is timely and effective?
 - b) If not, what other ways of communication and channels are you looking forward to receiving?
- 5) How do you get latest information of your family's life or any news of The Glebe Centre?
- 6) In your opinion, what makes a good long-term care service center? Are there any essential culturally specific elements (e.g., Chinese food or Chinese speaking staff)?
- 7) Has your family mentioned any challenges to living in a multicultural environment at The Glebe Centre?
 - a) If yes, how do you communicate with The Glebe Centre in order to acquire more culturally specific services for your family?
 - b) Do you know whom or which department to report to when situations occur concerning different aspects of residents' life?

c) What other efforts will you make in order to express your family's culturally specific needs to The Glebe Centre?

8) Do you think that The Glebe Centre tries to solve problems based on Chinese cultural conventions (such as traditional social values or Chinese lifestyle)?

Questions for the Chinese committee members:

Section A: Understanding of the Role of Chinese Culture in Designing Programs

1) What motivates you to become a committee member of The Glebe Centre?

2) How do you understand your role in contributing culturally appropriate ideas to the decision-making or policy-making process for the Chinese residents?

3) When raising suggestions to improve the quality of services for clients of The Glebe Centre, what elements regarding Chinese culture do you pay special attention to?

Questions for other administrative staff who are responsible for daily operations in Chinese residents' unit and communication issues with Chinese residents' families:

Section A: Issues concerning Communication with Chinese Residents and their Families:

1) What is the most challenging thing for you in a multicultural workplace like The Glebe Centre?

2) Can you please share examples/stories of significance to you when communicating with Chinese residents and their families or getting involved in designing programs for the Chinese residents?

3) Do you find it challenging when communicating with Chinese residents and their families because of differences in cultural backgrounds?

a) Have you experienced any culture shock when communicating with Chinese clients? Are there any common cultural differences that you have experienced or observed? Please provide examples.

- 4) Is it important for you to integrate Chinese culture into designing services programs (e.g., for entertainment or health care) for Chinese residents?
 - a. If yes, is there a priority list in your mind reminding you that some aspects regarding Chinese culture are more important than others and worth more considerations? Please provide examples.
 - b. What do you think contributes to a successful communication experience with clients from other cultural background, especially from Chinese culture? (prompt: successful communication in this case means residents and families understand and accept why The Glebe Centre deals with an issue in a specific way.)

Questions for nursing staff:

Section A: Communicating with the Chinese Residents

- 1) Please describe a typical working day in the Chinese resident unit.
- 2) How do you communicate with the residents if they do not speak the same language as you do? Do you have special ways to communicate with them? How do you make sure you understand residents' meanings and needs? (for non-Chinese speaking staff only)
- 3) Do you find residents rely on you more than other staff who do not speak Chinese? (for Chinese speaking staff only)
- 4) Have residents ever complained about any service because it is culturally different from their previous lifestyle (e.g., food does not agree with Chinese traditions)?

Appendix B: Translated interview guide for Chinese elderly

采访问题

第一部分：背景信息

- 1) 您来加拿大多久啦？
- 2) 您在养老中心这里多久啦？

第二部分：养老中心的生活经历

- 3) 您在养老院的一天是怎么过的？
- 4) 您选择住进来养老院的主要原因是什么呢？
 - a. 您是退休后才来的加拿大吗？为什么选择离开中国来这边养老呢？
- 5) 您在这个多元的文化环境里有经历过什么挑战吗？有什么故事跟我分享一下吗？
- 6) 您跟不说中文的护理人员都是怎么沟通的呢？
 - a) 您怎么确保他们理解您的意思呢？
 - b) 如果护理人员不理解，您怎么办呢？
- 7) 您认为在养老院的生活里，有什么跟中国文化或者中国生活方式相关的东西，对您的生活影响最大呢？（例如，说中文的护理人员，中餐等）
- 8) 您认为养老院在创造一个中国文化生活环境的过程中，做出了什么努力呢？（例如聘请更多的说中文的护理人员）

Appendix C: Capture of the Researcher's Observation Journals in the Chinese Unit

Jan 26, 2015

It was my first day to be the volunteer at The Glebe Centre. My first task was to talk to residents and introduced myself. As I stepped out of the elevator of the 6th floor, a Chinese-style donor board made of wood came into sight. The unit was decorated by familiar Chinese elements, such as Chinese ink painting, Chinese couplets. Residents' rooms was also changed into Chinese style by residents and their families: for example Chinese calendar and English notes of residents' life preferences for the staff were posted on the wall... Previous TV or Buddhist sculptures also moved in with the resident to add up a sense of home. Announcement posted on the activity board in the passage was written in Chinese.

April 21, 2015

I volunteered for the social tea gathering this afternoon. All the residents had a good time enjoying Chinese desserts made by other volunteers. They talked to each other. Nursing staff also joined the chatting. The residents made jokes with them. I heard every one laughing.

July 15, 2015

I was invited to volunteer for a "sing-along" program with Chinese residents. I need to talk to residents and know what kind of Chinese songs they are fond of; then I need to make a DVD with all the requested songs. I plan to collect songs of different genres, like Chinese instrumental songs, Mandarin pop songs, Cantonese pop songs, Cantonese operas etc..

I will act as the activity leader of the sing-along program every other Monday afternoon throughout the summer. In order to make an ideal song book, I need to talk to residents and know what kind of Chinese songs they are fond of; then I need to make a DVD with all the requested songs.

August 3, 2015

I started to help with the campaign to help raise fund for the Chinese food expansion plan. I talked with most of the residents and asked for their opinions. One of the residents showed me a Chinese menu from the long-term care home in Toronto where he has stayed for a couple of

months. Most residents look forward to more choices in the menu and more authentic flavor food.

July 29, 2015

Different genres of songs greatly please the audience as they could always find some familiar tunes. Several residents, both Mandarin and Cantonese speaking residents hummed along songs of famous singers like Teresa Tang. However, Mandarin-speaking residents showed little interest in the selections of Cantonese operas. Some residents almost fell asleep when instrumental songs were playing.

June 9, 2016

I made rice dumplings with Chinese residents and other volunteers today. The rice dumpling is the traditional food on Dragon Boat Festival. One of the residents taught me to wrap the rice with the leaves in a way that the rice can be safely kept in the leaves when being boiled. All the rice dumplings will be served on the social tea get-together.

Jan 27, 2017

I attended the dinner party to celebrate the Chinese New Year with the Chinese residents tonight. I noticed that Participant 1 was not here as her daughter brought her home for celebration. Participant 7 was sitting by his mother who had less physical mobility; that was why he came to The Glebe Centre to celebrate the festival with his mom instead of taking her home.

Appendix D: Consent Form (for Chinese residents and their families at The Glebe Centre)

The Long-term Care Service for Chinese Elderly People in Ottawa

The Glebe Centre as a Case Study

Name of researcher: Baozhen Liu

Name of supervisor: Rukhsana Ahmed

Department of Communication, Faculty of Arts, University of Ottawa

613-562-5800 ext. 3834

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Baozhen Liu in the context of a Master's thesis, under the supervision of Professor Ahmed.

Purpose of the Study: The purpose of the study is to understand Chinese elderly people's current life at The Glebe Centre, a multicultural long-term care service center that provides specific services for Chinese elderly in Ottawa. The study will also discuss factors influencing the acculturation process for the residents at The Glebe Centre.

Participation: My participation will consist essentially of a one-to-one in-depth interview during which I will answer some personal questions relevant to my daily activities at The Glebe Centre or my experience communicating with administrative and nursing staff of The Glebe Centre. Interviews have been scheduled from 30 minutes to 120 minutes at my own room. At the same time, apart from the researcher, only my families can be at spot during the interview. All the interviews will be audio recorded. A follow-up meeting is arranged for me to review the interview transcript.

Risks: My participation in this study will entail that I volunteer personal information and this may cause me stress if I make negative comments. I have received assurance from the researcher that every effort will be made to minimize these risks by concealing all potential identifying personal information with codes and pseudonyms.

Benefits: My participation in this study will help The Glebe Centre understand Chinese elderly people's cultural specific needs and provide me with better long-term care services in the future.

Confidentiality and anonymity: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for studying how I negotiate with the health organization for culturally specific services and that my confidentiality will be protected. Administrative and nursing staff of The Glebe Centre will not know my participation in the research.

Anonymity will be protected in the following manner: all potential identifying personal information will be replaced by codes and pseudonyms when being quoted. The identity of the participants will not be revealed in publications.

Conservation of data: All paper documents such as hard copy transcripts will be securely stored in a locked filing cabinet at the researcher's house. Electronic data such as the audio recordings will be kept in a separate USB flash disk in the same locked filing cabinet. Only the research and her supervisor will have access to the data. The data will be conserved for 5 years. When the conservation period ends, the USB flash disk will undergo a formatting procedure in which all data will be securely deleted. All paper documents will be destroyed as well.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any question, without suffering any negative consequence. If I choose to withdraw, all data gathered until the time of withdrawal will be securely deleted immediately.

Acceptance: I, _____, agree to participate in the above research study conducted by Baozhen Liu of the University of Ottawa, whose research is under the supervision of Professor Rukhsana Ahmed.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5

Tel.: (613) 562-5387

Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: *(Signature)* Date: *(Date)*

Researcher's signature: *(Signature)* Date: *(Date)*

Appendix E: Translated Consent Form (for Chinese residents and their families at The Glebe Centre)

知情同意書

以格博中心（The Glebe Centre）作為案例分析

中國老人在渥太華的養老生活現狀

研究員姓名：劉寶楨

我被邀請參與劉寶楨的畢業論文調研。

研究目的:論文將探討中國老人在格博中心（The Glebe Centre）的多元文化裏的生活狀況。論文也會討論哪些因素會影響中國老人去適應一個新的文化環境。

參與形式:我將會接受一個一對一的專訪。在採訪過程中，我將談論我的日常生活及在我格博中心參加的活動。我也可能談論我與格博中心管理人員接觸溝通的經歷。採訪將持續 30 分鐘到 120 分鐘不等。採訪會在我自己的(或者我家人的)房間進行。採訪過程中，除了研究員以外，只有我的家人允許在場，格博中心的工作人員不得在場。

受訪風險:由于採訪過程中會涉及一些我的個人信息，在給出一些對格博中心的負面的評價的時候，我可能會感到有壓力。我已經得到研究員的保證。她將盡全力減少受訪的風險。當我的觀點被引用時，所有關於我的可能被他人識別的信息（例如我的姓名、以及籍貫等）將會被代號或化名代替。

受訪益處:通過參與這個研究，我將幫助格博中心理解中國老人的文化需求。調研結果能使我在將來獲得更好的養老及護理服務。

調研的保密措施:我已經得到研究員的保證。所有我與她分享的信息將被嚴格保密。我已經理解，所有的採訪內容只會被運用於研究目的。我的隱私將受到保護。格博中心並不知道我參與了該訪問。

匿名措施:所有涉及我個人隱私的信息將會被代號及化名代替。我的名字不會在發表的論文當中出現。

數據的保存：所有紙質的文檔將被鎖在研究員的家中。電子資料例如採訪的錄音將被儲存在專門的 U 盤當中，U 盤也會被鎖在研究員家中。只有研究員及她的導師可以看到採訪的資料。按照規定，資料數據將會被保存 5 年。當資料保留期結束後，U 盤將被格式化，全部數據將被安全刪除。所有紙質的資料也會被銷毀。

自願參與：我參與這個採訪是出于自願的，並無受到任何形式的壓力。我能夠隨時退出研究，也有權利拒絕回答任何問題，而且無任何不良的後果。如果我選擇中途退出，所有資料將會被立刻刪除。

我，
，同意參加劉寶楨上述的研究。該研究由渥太華大學教授 Rukhsana Ahmed 監督指導。

如果我有任何問題，我可以聯系劉寶楨以及她的導師。

如果我對研究的道德規範有任何疑問，我可以聯系渥太華大學的學術道德委員會。

學術道德委員會聯系方式：

Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5

電話: (613) 562-5387

電郵: ethics@uottawa.ca

協議一式兩份，其中一份由我保管。

參與者簽名：

日期：

研究員簽名：

日期：

Appendix F: Consent Form (for administrative and nursing staff at The Glebe Centre)

The Long-term Care Service for Chinese Elderly People in Ottawa

The Glebe Centre as a Case Study

Name of researcher: Baozhen Liu

Name of supervisor: Rukhsana Ahmed

Department of Communication, Faculty of Arts, University of Ottawa

613-562-5800 ext. 3834

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Baozhen Liu in the context of a Master's thesis, under the supervision of Professor Ahmed.

Purpose of the Study: The purpose of the study is to understand Chinese elderly people's current life at The Glebe Centre, a multicultural long-term care service center that provides specific services for Chinese elderly in Ottawa. The study will also discuss factors influencing the acculturation process for the residents at The Glebe Centre. In addition, the study will explore major challenges for The Glebe Centre when understanding Chinese residents' needs and integrating multicultural long-term care services in practice.

Participation: My participation will consist essentially of a one-to-one in-depth interview during which I will answer some personal questions relevant to my daily work at The Glebe Centre and my experience communicating with Chinese residents and their families. Interviews have been scheduled from 30 minutes to 120 minutes at my office. All the interviews will be audio recorded. A follow-up meeting is arranged for me to review the interview transcript.

Risks: My participation in this study will entail that I volunteer personal information and this may cause me stress if I make negative comments. I have received assurance from the researcher that every effort will be made to minimize these risks by concealing all potential identifying personal information with codes and pseudonyms.

Benefits: My participation in this study will help The Glebe Centre understand Chinese elderly people's cultural specific needs and provide me with suggestions to design more culturally appropriate programs and to integrate Chinese culture into the provision of long-term care services for the residents.

Confidentiality and anonymity: I have received assurance from the researcher the information that I will share will remain strictly confidential. I understand that the contents will be used only for studying how I communicate with Chinese residents and their families and that my confidentiality will be protected.

Anonymity will be protected in the following manner: all potential identifying personal information will be replaced by codes and pseudonyms when being quoted. The identity of the participants will not be revealed in publications.

Conservation of data: All paper documents such as hard copy transcripts will be securely stored in a locked filing cabinet at the researcher's house. Electronic data such as the audio recordings will be kept in a separate USB flash disk in the same locked filing cabinet. Only the researcher and her supervisor will have access to the data. The data will be conserved for 5 years. When the conservation period ends, the USB flash disk will undergo a formatting procedure in which all data will be securely deleted. All paper documents will be destroyed as well.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any question, without suffering any negative consequence. If I choose to withdraw, all data gathered until the time of withdrawal will be securely deleted immediately.

Acceptance: I, _____, agree to participate in the above research study conducted by Baozhen Liu of the University of Ottawa, whose research is under the supervision of Professor Rukhsana Ahmed.

If I have any questions about the study, I may contact the researcher or her supervisor.

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Tel.: (613) 562-5387

Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: *(Signature)* Date: *(Date)*

Researcher's signature: *(Signature)* Date: *(Date)*

Appendix G: Grounded-theory Coding – Data Chart

Selective Coding (Themes)	Axial Coding (Integrated concepts)	Open Coding (Concepts/units)	Supporting Quotations and Researcher's Comments (captures of the interview transcripts)
Factors Influencing Chinese elderly's Acculturation Process in Life at a Multicultural Long-term Care Center	12 themes included	95 concepts included	
Previous multicultural life experience	Previous multicultural life experience	early life experience	Participant 1 experienced turbulent times, 2 wars when she was young. A stable and comfortable life is an import life goal at the aging process. Participant 2 showed his diaries and agenda books to the researcher in the interview to make sure the information he gave is correct.
		family background	
		retirement life in Canada	
		hobbies	
		comparison of retirement in China and Canada	
		religion	
Self-accommodation abilities	Self-accommodation abilities	self-accommodation spirits	Participant 1 keeps the good habit of exercising every morning and she pays attention to her health. Participant 2 explains in details how his hearing problem occurred and how the surgery was done. Participant 5 shares a story of passing out when she was alone at home and that is why she needs long-term care services.
		exercise (sports)	
		quick adaption	
		health issues	
		choice of dental care	
		an authentic multicultural environment	
Empowerment of the participation of life at The Glebe Centre	Empowerment of the participation of life at The Glebe Centre	Empowerment of the participation of life at The Glebe Centre	Participant 5 shares a story of being "interpreters" for other residents who cannot speak English. She also acts as the resident representative.
		physical mobility	
		assistance for other residents	
		resident representative	

Strong family connection	Strong family connection	strong family connection	Participant 5 still bears much responsibility in housework when he spends his weekend home. Participant 6 hires an additional personal support worker for his family.
		housework	
		elderly's role in the family as care-gives	
		adult children's pressure	
		employment of additional personal support workers	
		Chinese Confucian culture: love and care for the elderly	
		detachment to elderly's previous neighbourhood	
Chinese cultural environment maintained and improved by The Glebe Centre	Chinese food provision	Chinese food provision	All the three residents spent more time talking about the food provision at The Glebe Centre, including the cooking methods and different types of food.
		type of food	
		suggestions on the current menu	
		Chinese dim-sum provision	
		stories of language barriers	
		Chinese-English bilingual speaking staff	
		Chinese way of communication art	
	Self-health management	high level of health literacy	All the three resident participants are well-aware of their health conditions.
		Canadian health resources	
		dementia	
		diaries to keep record of health	
	Reasons to move to a long-term care facility	reasons to move to a long-term care facility	Participant 1& 5 get to know the Chinese unit at The Glebe Centre via word of mouth in the community.
		word of mouth	
	Sense of collectivism in a neighborhood or small community	self-identification of a neighborhood member	Residents call other residents "neighbours" in the interview.
		a culturally safe environment	
		Perceptions of the family influenced by collectivist culture	
	Culturally appropriate	van-trips	Chinese food and English-Chinese speaking staff are most frequently mentioned by residents and family participants.
		Chinese cultural programs	

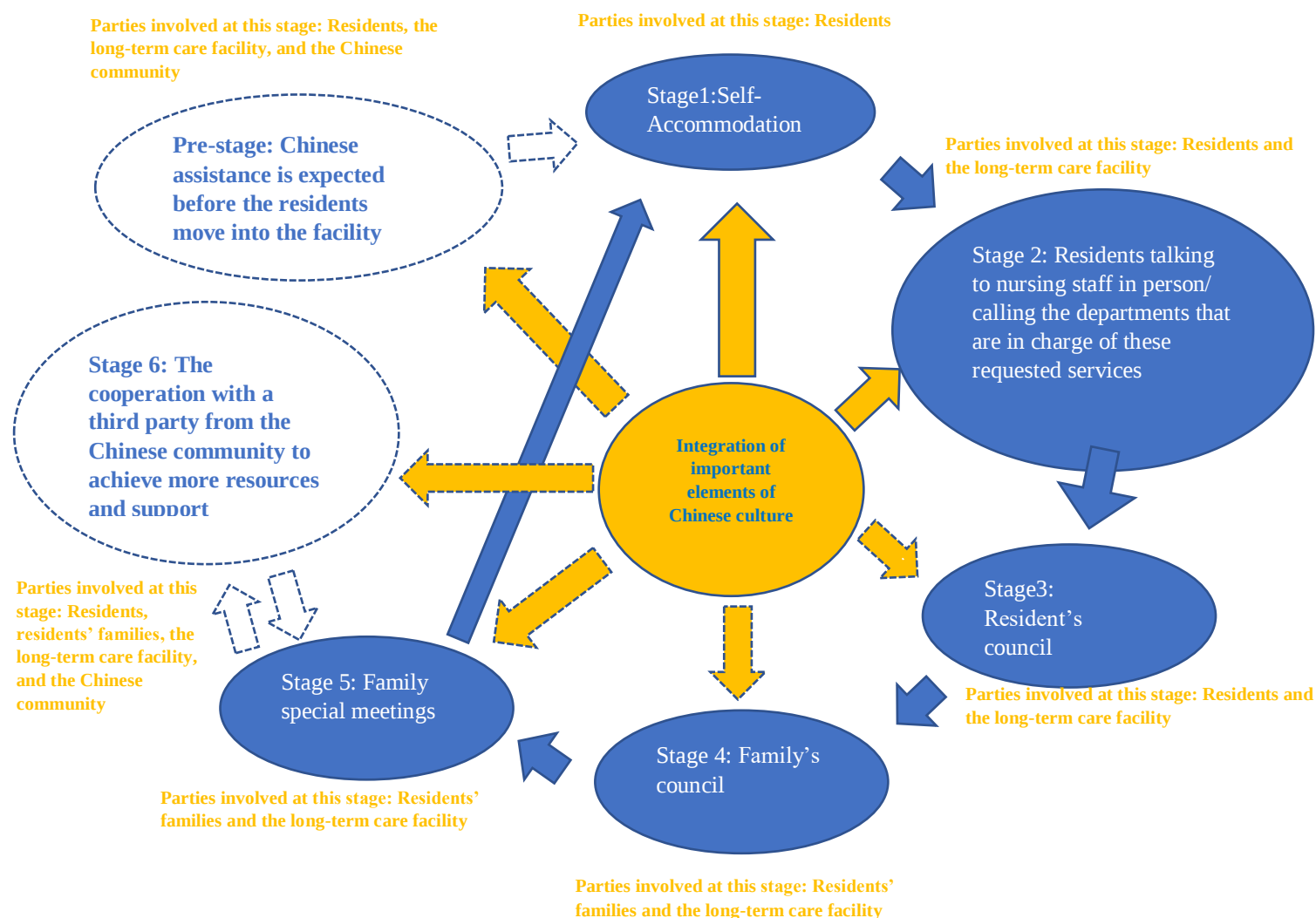
	entertainment activities and programs	advantages of the Chinese cultural environment	Participant 2 & 5 discussed at a deep level of Chinese food provision in the unit with the researcher.
		difference between Cantonese & Mandarin cultures	
		Cultural difference between Canadian culture and Chinese culture	
		Chinese social workers	
		socialized-oriented activities	
		cultural workshops	
	Levels of services	level of geriatric services	After the acculturation process, level of services is the focus of residents. Participant 11 provides an example of English-speaking nursing staff pick up Chinese in order to better communicate with residents.
		experience of ageist attitude from nursing staff	
		negative emotion towards not person-centered services	
		concern about lack of financial resources	
		Compliments of high quality of services	
		Ratio between the staff and the residents	
		person-centered care value	
		facilities to protect residents	
		efforts made by the Glebe Centre to improve the services	
	Experience of negotiation with The Glebe Centre for more culturally specific services	adult children attending family councils	Participant 10 & 11 have complementary comments of the smooth communication experience because of the patient attitude of the staff.
		attendance of resident council	
	Actions Residents and Family Members Take to Negotiate or Communicate with The Glebe Centre	5 themes included	long waiting time for available room at The Glebe Centre
			The average time to get into The Glebe Centre is 5 years.

		factors influencing families' choice of a long-term care home	
	Reference to clear guidance		Participant 7 believes the communication system of The Glebe Centre is mature.
		comparisons among different long-term care homes	
		available Chinese assistance	
		governmental regulations	
		complete guidance brochure package	
		standardized health care services	
	Monthly resident council	appeal for empathy in the health care provision	Participant 6 prefers “communication” to “negotiation” because empathetic attitude is seen in the process of health-care provision.
		regular organization of meetings	
	Monthly family council	main focus on residents' health	The Glebe Centre Family Council was formed in the spring of 2007 with several goals: To provide mutual support to family members and friends of all Residents. To provide liaison between family members and the administration of the Glebe Centre. To advocate on behalf of Residents and to share ideas to enhance their quality of life.
		raising internal communication issues for nursing staff	
		recurring incidents	
		understanding of information management	
		communication in the medical context	
	Annual individual family meeting	challenges residents are facing	Participant 7 describes the process of the individualized annual family meeting.
		residents' life status	
	Special meetings	active family involvement	Family participants have less interest in attending special meetings.
		flexibility in the communication process	
	The Challenges The Glebe Centre was Encountering when Integrating Chinese	6 themes included	65 concepts included

Culture into Provision of Service			
The Family and Volunteer Involvement in the Provision of Services	Challenges The Glebe Centre was encountering when integrating Chinese culture into provision of Service	challenges at the workplace	Participant 3 expresses concerns of the rapidly increasing number of Chinese residents.
		seniority	
		full occupations of Chinese residents	Participant 4 finds it challenging to strike a balance among diverse Chinese cultures.
		maintenance of Chinese-speaking staff	
		small population of Chinese	Participant 9 keeps working to build up connections with the Chinese community.
		turnover of staff	
		distrust of the community	
		failure of cooperation	
	specific principles and policies adopted by The Glebe Centre when providing culturally specific services for Chinese	diverse cultures of the staff	Participant 3 introduces the factors that were taken into considerations when making decisions regarding issues of the Chinese unit, such as the maximized benefits for residents.
		the deaf unit	
		hybrid unit	
		future vision of the Chinese unit	Participant 9 considers that “language” and “personalized communication messages” are two contributing factors in the communication process with the Chinese community.
		balance among cultures	
		food-oriented culture	
		networking	
		chorus groups	
		dynamic feedback	
		emulating the culture	
		comprehensively cultural system	
		simple language use	
		Chinese translation	
		personalization	
	the diversity of Chinese culture	research of the cultures	Participant 3 & 4 share stories of challenges when establishing policies or designing cultural programs for the Chinese unit.
		elderly supporting culture	
		family’s suggestions	
		care from the authority	Participant 4 shares stories how she integrates Chinese cultures into the design of cultural programs.
		collective agreement	
		authentic Chinese food	
		support from the Chinese community	

		mutual respects	
		a channel of obtaining information	
		varied Chinese traditions	
		wide range of activities	
		the sharing culture	
	governmental regulations for geriatric facilities	governmental regulations	Participant 8 holds the opinion that governmental regulations restrict the practice of culturally appropriate services.
		fundraising campaigns	
		a long waiting list of residents	
		capital funding	
		control over manufactured food	
		minor donation	
		impartiality	
		fiscal decisions	
		broader visions	
		welfare of everybody	
		restrictions	
		safety-oriented	
	history of Chinese unit of The Glebe Centre	social programs	The establishment of the Chinese unit results from the cooperation with the Chinese community.
		cooperation of establishment of Chinese unit	
		motivation to become a board member	
		small population of Chinese	
		alumni groups	
	the nature of charity organizations	volunteers	Participant 3 & 4 both believe volunteer and family involvement play an irreplaceable role in the organizational function of The Glebe Centre.
		a change movement	
		extended families	
		charity	
		tax receipts	
		monthly donation	

Appendix H: The figure of The Transactional Communication Model involving Multiple Parties to Benefit Elderly Chinese People in a Multicultural Long-term Care Center



Appendix I: Ethics Approval Notice

File Number: 06-16-06

Date (mm/dd/yyyy): 10/11/2016



Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Ethics Approval Notice Social Science and Humanities REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Rukhsana	Ahmed	Arts / Communication	Supervisor
Baozhan	Liu	Arts / Communication	Student Researcher

File Number: 06-16-06

Type of Project: Master's Thesis

Title: The long-term Care Service for Chinese Elderly people in Ottawa. The Globe Centre as a Case Study

<u>Approval Date (mm/dd/yyyy)</u>	<u>Expiry Date (mm/dd/yyyy)</u>	<u>Approval Type</u>
10/11/2016	10/10/2017	Approval

Special Conditions / Comments:

N/A

File Number: 06-16-06

Date (mm/dd/yyyy): 10/11/2006


Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

This is to confirm that the University of Ottawa Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement (2010) and other applicable laws and regulations in Ontario, has examined and approved the ethics application for the above named research project. Ethics approval is valid for the period indicated above and subject to the conditions listed in the section entitled "Special Conditions / Comments".

During the course of the project, the protocol may not be modified without prior written approval from the REB except when necessary to remove participants from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the project (e.g., change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, including consent and recruitment documentation, should be submitted to the Ethics Office for approval using the "Modification to research project" form available at: <http://research.uottawa.ca/ethics/submissions-and-reviews>.

Please submit an annual report to the Ethics Office four weeks before the above-referenced expiry date to request a renewal of this ethics approval. To close the file, a final report must be submitted. These documents can be found at: <http://research.uottawa.ca/ethics/submissions-and-reviews>.

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5387 or by e-mail at: ethics@uOttawa.ca.

Signature:

Riana Marcotte
Protocol Officer for Ethics in Research
For Barbara Graves, Chair of the Social Sciences and Humanities REB