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EDUCATIEWETENSCHAPPEN

# **Social participation in later life: A focus on environmental challenges**

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*"Everything will be fine in the end;  
If something is not fine, it is just not the end"*

By unknown intelligent man

Honghui Pan

Etterbeek, Brussels, March, 2019

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# **Part I. Introduction**

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## Chapter 1. General Introduction

# **Chapter 1. General Introduction**

## **Chapter Abstract**

This chapter serves as the general introduction to this Ph.D. dissertation. It starts with an introduction to the global ageing population, with particular attention paid to the differences between developed countries (Belgium) and developing ones (China). In the following section, social participation is discussed in the context of global and European policy, Chinese society, long-term care institutions and migration. Afterwards, social gerontology theories are briefly described with a focus on situating social participation within these theories. In particular, environmental gerontology is explained in detail in order to understand the interrelatedness between ageing individuals and the (changed) environment they are situated in. In the following part, trends and challenges of social participation research are illustrated. This chapter ends with research gaps, research objectives, the conceptual framework and dissertation structure.

## 1. The Ageing Population

### 1.1. Global Ageing

According to the United Nations, the proportion of older adults aged 60 years and over is growing faster than all younger age groups (United Nations, 2017, p11). Population ageing is happening all over the world because of declining fertility rates and longer life expectancy (Beard et al., 2016). The world percentage of older people aged 60 years and above grew from around 9.8% in 2000 to 13% in 2017, and the absolute number reached the total of 962 million in 2017 (United Nations, 2017, p13). Besides, the number of the oldest old is growing. For example, the number of centenarians (aged 100 years old and above) across the world is projected to double between 2015 and 2030 and will reach around 3.4 million by 2050 (Bloom, Canning & Lubet, 2015).

Developing countries like China, compared with wealthier developed countries such as Belgium, are faced with more severe challenges to meet older adults' needs of ageing well in later life for the following two reasons. As is projected by the UN, in 2050, around 80% older adults above the age of 60 will live in the less developed countries (Hertog, 2017). However, social economic development in developing countries often fails to keep up with its ageing speed. For example, it took France about 150 years for the proportion of older people above 60 years to double from 10 to 20 percent, while the same growth in China, Brazil and India only took slightly more than 20 years (World Health Organization [WHO], 2015a, p43). The situation is described by researchers as such that developed countries have grown affluent before they became old, while developing countries are now faced with an ageing population without due increase in their wealth (Kalache & Keller, 2000).

Furthermore, gender differences can be observed in life expectancy. Women live longer than men almost everywhere across the globe (WHO, 2018). In Europe, life expectancy at birth in 2016 for women was 80.5 years old, while for men it was 74.2 years old (WHO, 2018). Globally, women's life expectancy at birth in 2016 was longer than men by 4.4 years (WHO, 2018). Even though women live longer, existing research points to the existence of the mortality-morbidity paradox, which means that women suffer greater morbidity in later life while having longer life expectancy (Austad & Fischer, 2016). Put differently: they live longer but in worse health.

Challenges brought by a globally ageing population are increased health care costs, rising pension expenditure and meanwhile the realization of an active and healthy ageing later life

(Sander et al., 2015). Due to the existence of the above challenges, older adults can sometimes be problematized and associated with illness and dependency. However, most people remain independent into very old age especially in developing countries (WHO, 2002a, p43). Older adults' skills, experiences and wisdom should be recognized to be of potential to act as powerful resources for future development (WHO, 2015a, p4).

## 1.2. Definition of being “old”

Terms and euphemisms for people in their later life include older adults, the elderly, senior, senior citizen, and the elders. Some authors suggest that the use of “the elderly” and “the elders” is ageist in which older people are stereotyped as sick, frail and physically dependent (Avers, Brown, Chui, Wong, & Lusardi, 2011). In the editor's message of *the Journal of Geriatric Physical Therapy*, in both Europe and the United States, older individuals prefer to be referred to as older or senior persons and reject terms as aged and elderly (Avers et al., 2011). In light of these considerations, we will refer to research participants in the dissertation as older adults or older people.

As to the question of from “how old” a person can be regarded as “an older adult”, there is no consensus and demarcation of older age varies across regions and countries. For example, for the Project on Minimum Data Set for Ageing in Africa, WHO sets the beginning of older age in Africa as 50 (WHO, 2002a) while most developed countries set 60-65 years old as the beginning of older age, hence, the age period of 60-65 years is usually when people retire and become pensioners (Duval, 2003). WHO in its China country assessment report on ageing and health refers to older people in China as those aged 60 years and above (WHO, 2015b).

Besides, the definition of older people based on chronological age bears the risk of homogenising a group of people with heterogeneity in their life-course events, experiences and expectations for old age. Simply using chronological age to define a heterogeneous group of people might lead to prejudice and discrimination (Abrams, Swift & Drury, 2016) and descriptive and prescriptive age stereotypes (Swift, Abrams, Drury & Lamont, 2016) which might have a negative outcome on older people's cognitive and physical performance (Lamont, Swift & Abrams, 2015).

Nevertheless, based on suggestions of the United Nation's cut-off age of 60+ to refer to older adults, this study uses 60 as the cut-off age for older people (Naja, Din Makhlof, & Chehab, 2017). The adoption of a cut-off age of 60 can be attributed to the following two

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reasons. First, a numerical cut-off age enables the possibility of carrying out quantitative research. Second, it can help to identify potential participants in ageing research. However, by the usage of a cut-off age, we also acknowledge that chronological age is not a precise marker for the life-course related changes that accompany age and other concepts (e.g. social age) are important as well (Kim, Ahn, & Kim, 2017).

### 1.3. Ageing in Belgium

In Belgium, the percentage of older adults aged 60 years and over has been increasing steadily, which increased from 17.6% in 1960 to 25% in 2018 (Population Pyramid, 2018). In other words, one person in four in Belgium for the moment is aged 60 years and over. In different regions in Belgium, population ageing is heterogeneous. The Flanders region is the oldest with 17.3% aged 67 years and older in 2016 while the figure in Walloon region is 15.5% for people aged 67 years and older. Brussels-Capital region, comparatively speaking, is the youngest with the population older than 67 years being 11.6% in 2016 (Federaal Planbureau, 2017).

Policymakers in Belgium have become aware of the ageing phenomenon and have been active in seeking policy answers to the challenges of an ageing society. For example, in the Flanders region of Belgium, in the year of 2002, a Flemish Decree was established. This decree regulated that local municipalities were responsible for developing a “local senior policy plan” and stimulate participation of its ageing inhabitants aged 60 years and over in local policy (Verté, De Witte & De Donder, 2007). The aim was to increase the participation of older adults in developing, executing and evaluating local policy (De Donder et al., 2014).

### 1.4. Ageing in China

China is an ageing giant and houses about 20% of the world’s total ageing population (United Nations, 2017). Older adults aged 60 years and above have taken up 17.3% of China’s total population, reaching over 240 million by the end of 2017 (Ministry of Civil Affairs of the People’s Republic of China, 2018). The group of those aged 80 years and above is the fastest growing cohort (Zhan, Luo & Chen, 2012). The percentage of people aged 80 years and over is projected to increase from 1% in 2013 to 6.5%-10.9% in 2050 (Mai, Peng & Chen, 2013).

The national law of People’s Republic of China of the Rights and Interests of Older people (revised in 2012) has stipulated that protecting the rights and interests of older adults to

participate in social developments is a must (The Central People's Government of the People's Republic of China, 2012). The national 13th five-year plan on ageing (from 2016 to 2020) published by the State Council in 2017 encourages older adults to participate in cultural, educational, health-related and social charity activities. In the same document, the state council also calls for a continuation of Silver Action volunteer activities. The volunteer program will organise older adults who are experts in fields of medical care, culture and education, agriculture and technology to participate in the industry developments of less economically developed west regions of mainland China. The goal written in the five-year plan on ageing is that the percentage of registered volunteers in China will reach 12% in 2020. In 2005, the document named "Suggestion on Utilizing the Knowledge and Expertise of Retired Professionals" said that the society should encourage its senior citizens to participation in the fields of education and training, technological consultation, medical and health work, scientific and technological development and application (Sun, 2015).

## 1.5. Development of long-term care in China

Traditionally, Chinese older adults choose to live with their adult children, who used to be the main provider of care for their ageing providers (Laidlaw, Wang, Coelho & Power, 2010). Expecting care by adult children is not only required by filial piety but also a legal responsibility prescribed by law. In 2012, the law on Protecting the Rights and Benefits of Older Persons of the People's Republic of China was adopted by the People's Congress. The law regulates that for older persons who cannot take care of themselves, family must assume the responsibility for the caring or entrust others or nursing homes to provide the care needed by older persons (Standing Committee of the National People's Congress, 2013).

However, two phenomena have made it difficult for older adults to remain living in their own house. First, one-child policy since late 1970s (Flaherty et al., 2007) has resulted in less family care resources, morally and legally the traditional foundation of care-giving for older people (Chu & Chi, 2008). Second, China's fast urbanisation has resulted in many young people moving from rural areas into cities, leaving their ageing parents at home (Feng, Liu, Guan & Mor, 2012; Flaherty et al., 2007; Wong & Leung, 2012). As a consequence, the shortage of informal care from adult children is growing, which leads to an ageing population unable to only rely on its traditional family-based care system.

Chinese older adults reported to feel abandoned and ashamed to move to institutions in later life. Being cared for by staff in LTCs instead of family members (adult children in particular) was seen as a shame and a disgrace to family reputation (Lee, Woo & Mackenzie, 2002a). A research in two LTC facilities in Nanjing and Tianjing shows that less than 10% (8.7%) of research participants expressed willingness to receive LTC care while 48.7% expressed "not

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very willing” or “simply nor willing” for institutional care (Zhan, Luo & Chen, 2012). But now with the demographic changes, more and more people are receptive of the prospective of relocating to long-term care institutions (Xu et al., 2017). Research shows that older people who have more knowledge about long-term care facilities (e.g. personal visits, information from relatives who have visited or stayed in LTC facilities) exhibit increased willingness to relocate to long-term care institutions (Zhan, Luo & Chen, 2012).

The increased willingness to enter long-term care might be coming from the ageing cohort of Chinese baby boomers, who are more educated and enjoy better economic resources (Du, 2013). The national Chinese census in 2000 showed that the percentage of older people aged 65 years and above and followed formal education was 45% while the figure increased to 86.9% percent for 50-54 age group, the baby boomer group. This group of baby boomers was born between 1949 and 1969. From 2019 onwards, the group of baby boomers has been creating an aged boom and will bring new challenges to society (Du, 2013). The generation of baby boomers has gradually changed its perceptions regarding traditional norms of living arrangements in later life (Guo & Chen, 2009). Also, Du (2013) points out that the increasing number of ageing boomers with better health and education, are capable of more social participation through taking on more participatory roles.

To meet the challenge of declining informal care from family members, the number of LTC institutions in mainland China has increased from 3.14 million in 2010 to over 6.7 million by the end of 2015 (Ministry of Civil Affairs of the People’s Republic of China, 2015). However, existing LTC institutions still cannot satisfy the needs of China’s ageing population, in central and western regions of the country in particular (Du, 2015). Moreover, China’s LTC infrastructure is still in its infancy (e.g. low care quality because of lack of regulation [Shum, Lou, He, Chen, & Wang, 2015]), unlike the relatively comprehensive LTC systems established in other Asian regions, such as Japan, Hong Kong, and Taiwan (Kuo, Lin, Lan, & Li, 2017).

China’s LTC system has three development stages. Before the establishment of People’s Republic of China in 1949, there existed no LTC facilities (Gu, Dupre, & Liu, 2007). After the year of 1949, the Chinese government became the only care provider concerning LTC institutions. The government implemented strict admission (“three no’s”) criteria, which was also known as the welfare model. The “Three no’s” meant that only those with no family support, no ability to work, and no source of income could receive care from long-term institutions. The vast majority of older people needing long-term care were expected to seek support from their family (Leung, 2010). Later, the welfare model was gradually identified as unsustainable after China’s market-oriented reform in the 1980s (Chu & Chi, 2008). It was not until this stage that the government diversified the system of LTC providers to include the private sector, non-governmental organizations, and foreign investors. From this stage on, also older people who failed to meet “three no’s” criteria, can be admitted into LTC institutions.

## 2. Social participation in later life: a policy perspective

### 2.1. Social participation situated in Global Ageing Policy

Since the beginning of the century, “Active Ageing” has been seen as a promising answer by the World Health Organization (WHO) (2002b, 2015a) to the question of how to age well in later life. WHO puts “participation” as one of its three pillars of active ageing (the other two being security and health). Participation in the framework of active ageing is “continual participation in social, economic, cultural, spiritual and civic affairs, which is not limited to being physically active or just participate in the labour force” (WHO, 2002b, p12). In academic field, different authors define social participation in diverse ways based on different dimensions of social participation such as community involvement and individual relationships (Amagasa et al., 2017), formal participation and social activities (Buffel et al., 2014). Levasseur and colleagues (2010) define social participation according to the level of involvement in an activity (ranging from doing an activity in preparation for connecting with others to contributing to society). In this dissertation, we will employ a broad perspective on social participation and combine both perspectives. We will look at social participation as both formal (e.g. being a member of an association for older people and join the organized activities of the organization) and informal social participation (e.g. going to café or restaurants with family or friends) and look at several levels of participation (with lower and higher commitment).

WHO, in particular, emphasised the role of culture in understanding Active Ageing (and likewise participation). According to its report, cultural values and traditions within a given society stipulates how older adults are viewed and expected to participate in different activities (WHO, 2002b, p20). For example, older people in Asian countries are encouraged to value participation within the familial domain (Hauge & Kirkevold, 2010). Attention needs to be paid to older migrants in the residency country as they bring with them a variety of cultural values, beliefs and tradition (Yu & Bairner, 2011). In this sense, understanding culture’s role in older migrants’ social participation is of importance.

In 2015, WHO puts forward the policy framework of “Healthy Ageing”, which is defined as the process of developing and maintaining functional ability that enables well-being in older age (WHO, 2015a, p41). In this policy framework, the notion of Person-Environment fit is emphasized as a pathway to maximize the opportunities older adults can have to social participation and social resources. In the report, it is also pointed out that participation in associations for older adults has the potential for fostering Healthy Ageing. Being a member means more opportunities to participate in organised regular health checks, health-education activities, regular physical exercise session and so on (WHO, 2015a, p38).

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At the European level, the most recent ageing policy framework is Active and Healthy Ageing put forward at the European Summit (European Commission, 2015) with the input from 1400 leaders from government, civil society, investment and finance, industry and academia. One of the main themes of active and healthy ageing in Europe is about how to use Information Communication Technology (ICT) or the new media to meet the diverse needs of the ageing population including their participation opportunities in the society (European Commission, 2015, p6).

## 2.2. Social participation in China

Social participation and a productive later life was documented in Chinese history dating back to 551 BC (Ye, 1964; Mui, 2010). The Chinese term for social participation in later life is “lao you suo wei (老有所為)<sup>1</sup>”, implying that older adults are capable and should be provided with chances of making contributions to family, community or society. It is recognised by China National Committee on Ageing (CNCA) that ageing policies and programs are guided by the following six cultural norms (Mui, 2010; China National Committee on Ageing, 2008).

1. 老有所養: older adults should be cared for in later life of dependency;
2. 老有所醫: older adults should be provided with adequate medical resources;
3. 老有所教: older adults should be offered opportunities to hand over their rich knowledge to younger generations;
4. 老有所學: older adults should have access to life-long learning;
5. 老有所為: older adults can and should make contributions to family, community and society;
6. 老有所樂: older adults should have hobbies from which they can derive happiness.

Mainland China (People’s Republic of China excluding Hong Kong and Macau) has enjoyed fast economic developments for the last three decades. Accompanying this development are the increasing inequalities between the rich and the poor and the old population living in urban and rural areas (Du, 2012). Against this background, the Chinese government puts forward the goal of establishing a harmonious society in 2006 (Han, 2008). A harmonious

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<sup>1</sup> Translation from Chinese to English in this dissertation is performed by the dissertation author Pan Honghui, whose mother tongue is mandarin Chinese (official language of People’s Republic of China)

society is one where there exists intergenerational solidarity, equal opportunity to share the benefits of economic developments and universal social security system to cover both urban and rural residents (Han, 2008). However, structural differences between urban and rural older adults still remain. Prior research points out that urban older adults enjoy higher levels of social participation (e.g. Chen, Zhang, Tang & Mui, 2016), higher retirement pension and better medical insurance coverage than their rural counterparts (Du, 2012). Older urban Chinese adults with more resources are faced with emerging needs for more social participation in social, cultural and life-long learning activities (Yi, 2008).

In urban areas of mainland China, around 38.7% of people living in their own households receive different types of community services (China National Committee on Ageing, 2008). Social participation opportunities provision has been an important part of community services. CNCA regulates that community service should offer chances of lifelong learning, social entrepreneurship, cultural and arts, health prevention, exercise and sports (China National Committee on Ageing, 2008). Despite the policy attention from CNCA, there is research pointing out that other types of formal social participation such as volunteering is limited in China because the development of civil society in China is in its preliminary early stage (Gao et al., 2018). Formal activities organized by other non-profit social organizations than community service centres are few in China, which constitutes a lack of opportunities for older Chinese' formal social participation.

Informal cultural activity participation started by older adults themselves is a major form of social participation. Dancing, singing, playing cards and mah-jong are informal popular activities. For instance, square-dancing, voluntary groups of older adults who dance in open space to loud music, has become very popular in China (Fang et al., 2015). The majority of square dancers are older retired women and often referred to as dancing grannies in the media. Chinese government even had to issue rules to regulate square dancing in terms of time slots of using public space, music volume and so on (Jacob, 2015). Other informal social participation activities in parks include traditional activities (e.g. Tai-chi, Qi-gong), walking one's bird, and poetry writing using brushes dipped in water only, illustrating the ephemeral and passing nature of life itself (Powell, 2012, p19).

Preferences of different types of social participation activities in China, due to its different social and cultural contexts, can be different from what older adults in western societies understand as social participation (Hauge & Kirkeveld, 2010). For instance, Chinese older adults are influenced by Confucianism teachings which emphasize familism, value informal participation within the kinship and family. Older Chinese adults believe that social participation within the family can foster better intergenerational relationships (Laidlaw, Wang, Coelho & Power, 2010). However, western older adults put more emphasis on formal participation outside the family domain within the bigger society (Dong, Chang, Wong & Simon, 2012).

### 2.3. Social participation in long-term care institutions

As for social participation research in long-term care institutions, current research is mostly restricted to physical activities in western countries, such as United States, Australia and UK (e.g see the literature review by Benjamin, Edwards, Ploeg & Legault, 2014). For instance, early research in the US from the 1970s described residents of 40 nursing homes as being mostly idle during the day, with 56% of their time spent doing nothing at all (Gottesman & Bourestom, 1974). More than 20 years later, in a time-sampled observational study of 119 unrestrained LTC residents in California, 83.5% of the observations recorded were of participants being inactive (MacRae et al., 1996) and lying down or sitting. In 2002, another study from the USA, this time assessing 27 residents in a long-term care institution, found that residents spent 65% of their time doing little or nothing and only 12% in social activities.

Social activities documented in western LTC institutions are often limited to passive activities, personal care activities, or movement (Ice, 2002). To our best knowledge, other forms of social participation (i.e. other than physical activities) such as volunteering, philanthropy donations and intellectual activities (e.g. submitting articles to newspapers) are often neglected in current LTC research. The few existing studies investigating social participation of LTC residents conclude that a broad definition of Active Ageing and participation in meaningful activities can be a relevant and important framework for nursing homes in their pursuit of a better quality of life for their residents (Van Malderen, Mets, De Vriendt, & Gorus, 2013). Institutionalized residents, regardless of their functional ability, are not necessarily prohibited from doing activities that are meaningful to them (Lloyd et al, 2014). Social participation can, for example, stimulate the self-value of LTC residents who often suffer from stigmatized identities (McKeown et al., 2012).

### **3. Theoretical models for understanding social participation**

Gerontology is the interdisciplinary, holistic and scientific study of ageing that explores the biological, psychological and sociological (biopsychosocial) factors that are associated with human ageing (WHO, 2015a, p227; Bass, 2009, p349; Tinker, Hussain, D’Cruz, Tai, & Zaidman, 2016). Gerontology can be subdivided into several sub-disciplines such as Health Gerontology, the Biology of Ageing and Social Gerontology which explores the social sciences of ageing (O’Neill, 2012). Gerontology differs from geriatrics, as the latter being a medical term referring to the study, diagnosis and treatment of diseases and health problems of older adults (Brossoie, 2015). This dissertation focuses on social gerontology (as social participation in later life is an excellent topic of study in social gerontology) and environmental gerontology (as we aim to explore the role of the environment in social participation in later life).

#### **3.1. Social Gerontology**

Theoretical developments in social gerontology have gone through four stages (Bengtson, Burgess & Parrott, 1997; Bengtson, Gans, Putney & Silverstein, 2009). In all four stages of ageing theories, social participation in older adults’ later life has been a focal research topic, especially on how older adults continue or discontinue with their pattern of social participation. In this sense, social participation is a topic of importance in social gerontology research. As is shown in table 1.1, an overview of how social participation is situated in Social Gerontology theories is briefly discussed.

**Table 1.1** Social Participation situated in Social Gerontology Theories

	Important theories	Key message regarding social participation
1 <sup>st</sup> Stage: 1949-1969	Disengagement theory (Cumming & Henry, 1961) Activity theory (Havighurst, 1963)	<b>Disengagement theory:</b> older adults with declining health will gradually withdraw from social relationships and participation as they anticipate approaching death. <b>Activity theory:</b> (after retirement) older adults need to start participating in new regular activities and maintain activities in earlier life trajectory in order to preserve wellbeing in later life.
2 <sup>nd</sup> Stage: 1970-1980s	Exchange theory (Dowd, 1975) Continuity theory (Atchley, 1989)	<b>Exchange theory:</b> reason for disengagement from previous social roles and activities is the consequences of ageing and declining power of older adults in later life. With the loss of precious power resources, older adults cannot enter into balanced exchange relations with other age cohorts in society. <b>Continuity theory:</b> the same activities from earlier life trajectory should be pursued by older adults in later life. Older people prefer familiarity and comfort over the unknown and potentially unpleasant new types of activities.
3 <sup>rd</sup> Stage: 1980s-1990	Life-course theory (Dannefer & Seller, 1988) Feminist theory (Gratton & Haug, 1983) Critical gerontology (Martinson & Minkler, 2006; Minkler & Holstein, 2008)	<b>Life-course theory:</b> an individual's social participation depends on his or her life pattern and experienced age-related changes. Social structure is an important factor in the ageing process. <b>Feminist theory:</b> women's disadvantages in later life are tied with men's privileges. The traditionally expected role of men in career life and women in household maintenance have influenced both men and women's participation choice in later life. <b>Critical gerontology:</b> older adults' status, resources and wellbeing in later life is partly determined by its position in the social structure and the economic status of the times the ageing individuals are situated in. Social participation should be examined within a political and historical context while considering the ways in which social and structural factors influence one's choice regarding to participate or not.
4 <sup>th</sup> Stage: from 1985 onwards	Successful ageing (Rowe & Kahn, 1987) Productive ageing (Butler, 1997)	<b>Successful ageing:</b> positive ageing is achievable by the majority of older adults with modifications in health behaviour and social participation. <b>Productive ageing:</b> older adults contribute to their individual wellbeing, their family, their community and the whole society through participating in productive activities.

Source: (Bengtson, Burgess & Parrott, 1997; Bengtson, Gans, Putney & Silverstein, 2009)

### 3.1.1. The first stage: 1949-1969

Two important ageing theories occurred in this period. They are the disengagement theory (Cumming & Henry, 1961) and the activity theory (Havighurst, 1963). They contrast each other in such aspect as how older adults continue their social participation. On the one hand, disengagement theory states that older adults with declining health will gradually withdraw from social relationships and participation as they anticipate approaching death. The process of disengagement is mutual between the ageing individuals and the society where individuals belong to. It is expected that higher morale in later life can be achieved as the process of mutual withdrawal which can make room for the younger people and unnecessary disruptions in the social system caused by death of the aged can be avoided (Estes, Biggs, & Philipson, 2003).

On the other hand, activity theory argues that in order to preserve wellbeing in later life, older adults need to maintain participating a certain level of social participation in regular activities. An ageing individual's life satisfaction is also related to his degree of involvement in social activities (Knapp, 1977). Disruption in social activity patterns, for example due to retirement, can be compensated by taking up new forms of activities.

### 3.1.2. The second stage: 1970-1980s

This development stage of ageing theories is marked by a transition from individual-level ageing theories (e.g. disengagement theory) in the first stage to a macro-economic explanation of ageing. To name just a few, age stratification theory (Riley, 1971), political economy of ageing (Estes, Gerard, Jones & Swan, 1984) and social breakdown/competence theory (Kuyppers & Bengston, 1973) appeared in this stage. For instance, age stratification theory argues that an individual's ageing experience should be understood by examining the possible inequalities situated in interdependency of age cohorts and changing social structures (Riley, Foner & Waring, 1988).

Of note is that there are also developments in individual-level ageing theories. There are two worth noting: exchange theory (Dowd, 1975) and continuity theory (Atchley, 1989). Exchange theory attributes the problems of ageing to the declining of power resources in later life (Molm & Cook, 1995), which argues that the reason for older adults' disengagement from society is a result of the deteriorating and imbalanced relations between the aged with decreasing power resources and the exchange partner involved. Continuity theory argues that the same activities can be pursued in later life. By doing the same activities from earlier life trajectories, the ageing person can maintain social roles and realise the goal of ageing well

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(Atchley, 1989). Parker (1995) added that older adults who are adapting to process of normal ageing are in pursuit of both inner psychological continuity and external continuity of social roles. In short, continuity theory believes that people in later life prefers familiarity and comfort over the unknown and potentially unpleasant outcomes of taking up new activities.

### 3.1.3. The third stage: 1980s- early 1990s

This stage of ageing theories moves towards an interdisciplinary understanding of human ageing, bridging the individual and the macro sociocultural environment where the individual is embedded in. The most known theories and perspectives are life-course theory (Dannefer et Seller, 1988), feminist theory (Gratton & Haug, 1983) and critical gerontology (Baars, 1991; Cole, Achenbaum, Jakobi & Kastenbaum, 1993; Estes, 1999).

The core concern of life-course perspective theory is the interaction between human individuals and the social dynamics within which individuals live. It argues that through human activity participation in society a human organism is transformed both physically and mentally into a human being (Bengtson, Gans, Putney & Silverstein, 2009, p391). Also, an individual's activity participation depends on the life patterns and experienced age-related changes. According to the life-course perspective theory, age is linked with not only primarily individuals, but also social structure. Social structure refers to the established and regularly reproduced social behavior and social rules, which can bring a certain predictability in everyday life.

The feminist theory came into being in the 1980s, which was, to some extent, encouraged and spurred by the women's movement in the 1970s. Feminist theory arose in response to the failure in the academic world to theorise the inequality existing in gender differences. For example, women were excluded from retirement research as a routine (Calasanti, 1993; Gratton & Haug, 1983). This theory argues that men and women's ageing experience cannot be fully understood if women or men are left out of the whole picture. For instance, women's disadvantages in later life tied intimately with men's privileges. In a masculine society, men engaged more in career life and are more likely to enjoy a successful career and more financial freedom in later life while women were more occupied with unpaid familiar responsibilities like caring for an offspring and dealing with household chores. Men's engagement in paid labour played a central role in their identity and for married women, "retirement is usually irrelevant" (Bixby & Ireland, 1969). The traditional division of work may also lead men to be highly dependent on their wives for social networks and resources and emotional support as is shown in prior research that older women have larger social networks in general than older man (Cornwell & Schafer, 2016, p193).

It is also interesting to note that men's pursuit of muscularity can lead them to partake in higher-risk activities that women do not take (Bengtson, Gans, Putney & Silverstein, 2009, p474). Socio-economical differences also play a role in the content of activities that men participate in. For example, men with more resources can afford the cost of skydiving while car racing is the option for men with less financial resources (Courtenay, 2000).

Critical gerontology has theoretically drawn from Marxist theories to examine the process of ageing through a socio-political lens (Bengtson, Gans, Putney & Silverstein, 2009, p356). Older adults' status, resources and wellbeing in later life is partly determined by its position in the social structure and the economic status of the times the ageing individuals are situated in (Estes, 1999, p19). Other critical gerontologist such as Minkler and Cole have added another perspective of culture to explore the individuality and experience of ageing, in addition to the traditional political and economy perspective (Minkler & Cole, 1999). Critical gerontologists also argue that older adults are of free choice about how to spend their later life based on their earlier life trajectory and preferences. Refraining from social participation can be a preferable way to spend later life if they engaged in physically demanding careers in their earlier live (Martinson & Minkler, 2006; Minkler & Holstein, 2008).

### 3.1.4. The fourth stage: from 1985 onwards

The fourth stage marks a transition to a more positive discourse in ageing research emphasising older adults' ability in being productive and successful in later life (Johnson & Mutchler, 2014). This stage was in contrast to the first stage characterised by pessimistic theories, such as disengagement theory, which argues that the mutual detachment between an ageing individual and the society is inevitable as ageing individuals with declining health anticipate approaching death.

Successful ageing and productive ageing appear in this stage. Successful ageing by Rowe and Kahn (1987) emphasised the outcome of positive ageing experience and emphasised the interaction between social participation and health. According to Johnson and Mutchler (2014), successful ageing suggests that positive ageing is achievable by the majority of older adults with modifications in health behavior and social participation. The criticism of the successful ageing theory includes overseeing the social structure in which the ageing individual lives, social inequality, the heterogeneity of the ageing process and the overemphasis on physical health (Dillaway & Byrnes, 2009; Katz & Calasanti, 2015).

Productive ageing recognizes the importance of participation of older adults in a variety of activities such as volunteering, paid work and caregiving (Butler, 1997). Benefits of participation in different productive activities are emphasized. Research on individual and structural barriers and motivators to productive activities are also encouraged by the productive ageing theory. Through participating in productive activities, older adults

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contribute to their individual wellbeing, their family, their community and the whole society (Butler & Gleason, 1985). However, what remains unaddressed in productive ageing is the amount of productive activities that older adults should engage in to maximize profits. For example, caring for grandchildren is beneficial for the adult parents and older adults' wellbeing while over-dosed grand-parenting risks loss of time for other civic activities outside the household (See chapter 5).

## 3.2. Environmental Gerontology

### 3.2.1. Environmental Gerontology: the basics

Ageing has long been regarded as a biological process until the 1950s, from then onwards then environment has also been recognised as having an impact on human's process and outcome of human behavior such as social participation (Kleemeier, 1956, 1959). The focal point of environmental gerontology is the description, explanation, and modification or optimisation of the relation between ageing individuals and their socio-physical environment where the ageing process happens (Wahl & Weisman, 2003).

Environmental gerontology has the potential to bridge different levels of perspectives in ageing theories by focusing on person-environment relations in the ageing process. For instance, three models of person-environment relation (press-competence model, person-environment fit model and person-environment stress model) include individual level factors of personal characteristics (e.g. physical health), meso level factors (e.g. residence neighbourhood infrastructure) and marco level factors (e.g. social environment) (Duppen, 2018, p17). However, the social gerontology theories discussed in the above section of 5.1 are mostly single dimensioned (e.g. the individual-level perspective of disengagement theory or marco-level perspective of political theory of ageing). Considering the differences of level of analysis between social gerontology theories and environmental gerontology, environmental gerontology might be more suitable to enquire into a focal topic of social participation in this dissertation.

Scholars from the 1950s have argued that human behaviour such as social participation is the outcome and function of interaction between individuals and their environment. Lewin (1951) has argued that behaviour (B) is the function of person (P) and Environment (E), which can be simplified in mathematics as  $B = f(P, E)$ . Lawton (1989, p17), from an interactionist point of view, added the element of (P X E) to the formula of  $B = f(P, E)$ , which is changed into  $B = f(P, E, P * E)$ . The addition of (P X E) means that the intricate interface and interaction between a person and their environment should be considered when determining human behavioral outcome.

### 3.2.1. Environmental gerontology and relocation to long-term care institutions

In the development of environmental gerontology, three basic functions of environment have been identified from existing empirical research: maintenance, stimulation and support (Lawton, 1989; Wahl & Weisman, 2003). The environmental function of maintenance refers to the constancy and predictability in later-life residency (Lawton, 1989). This function refers to people's familiarity with their living environment, their repetitive and well-practiced daily errands and everyday things they take for granted. Stimulation function can be understood as the existence of stimuli within and outside one's house and the effects of these stimuli on people's societal behavior and well-being (Lawton, 1989). The last environmental function of support can be considered as environment's potential in compensating for reduced or lost physical or cognitive ability (Lawton, 1989).

For older residents in long-term care institutions who have experienced disruption in the environmental function of maintenance, changes to daily living activities have been recognised as barriers to adjusting to residential care (Lee, Woo & Mackenzie, 2002b). The experience of changed life after relocation can be aggravated by the daily restrictions and constraints faced by older adults immediately following their relocation to a long-term care institution (Jilek, 2000). For the function of stimulation in the setting of long-term care institution, its influence on social participation (e.g. motivators and barriers to social participation) remains unaddressed. Lastly, the function of support for reduced or lost physical or cognitive can be retained in long-term care residency. As is reported by previous research, older adults after relocation to long-term care relate to worrying less about physical safety (e.g. unobserved falls or balance issues when walking) (e.g., Reed & Payton, 1996).

### 3.2.3 Environmental gerontology, migration and social participation

International migration means relocating to another socio-cultural environment, where migrants experience discontinuity in their social life and leave behind a familiar environment to which they attach belonging and meaning in life (Ciobanu, Fokkema, & Nedelcu, 2017). Old-age migration happens for various reasons. A first reason may be the quest for a better environment. There has long been a group of wealthy, better-off and privileged older people, upon time of retirement, who migrate to another country in search of a better environment for older age (e.g. warmer climate or other environmental amenities) (King, Warnes, & Williams, 2000).

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Likewise, there are disadvantaged older migrants who relocated to another country because of labor migration, in pursuit of a better quality of life. Western countries were in the need for labour force after the second World War. Western European countries (such as the Netherlands, Belgium, Germany) signed labour agreements with southern European and Mediterranean countries (e.g. Italy, Spain, Portugal, Turkey and Morocco) to recruit workers (Ciobanu, Fokkema, & Nedelcu, 2017). The wives and family came to Europe for reunification in the 1970s (Ciobanu, Fokkema, & Nedelcu, 2017). Increasingly, the group of zero-generation migrants, who are parent of first-generation young adult migrants, migrate to care for their grand-children and maintain intergenerational relationships (King, Cela, Fokkema & Vullnetari, 2014).

It is recognized in prior literature that being old and being a migrant can incur a double or even triple difficulty and hardship because of advanced age, migration background and potentially disadvantaged situations faced by older migrants (Norman, 1985). The misfit between environment and ageing migrants can cause vulnerabilities and lack of social participation. For instance, the guest migrant workers and their spouse were and still are invisible in social life. Since they were only here in Europe to work, there existed no language courses or integration programs for them. Lack of language ability posed a barrier to their social participation in later life (Ciobanu, Fokkema, & Nedelcu, 2017). Likewise, research shows that older migrants on average have higher levels of loneliness compared to their native peers (Fokkema & Naderi, 2013). In terms of physical environment, (Buffel, 2017) recognised that environmental barriers for older Turkish migrants in Belgium include physical deterioration of infrastructure, lack of outdoor seating and pedestrian safety.

Current research established that social participation is beneficial to the mental well-being of older migrants. For instance, social participation – religious participation in particular (Fleischmann, Martinovic and Böhm 2016; Smits, Ruiters and Van Tubergen 2010) – protects Turkish and Moroccan migrants from loneliness (Klok, van Tilburg, Suanet, Fokkema & Huisman, 2017). The few studies exploring older Chinese migrants' social participation shows that older Chinese migrants in Australia turn out to have limited social activity engagement because of language barriers and lack of transport means (Ip, Lui & Chui 2007). A study by Dong, Chang, Wong & Simon (2012) showed that feelings of loneliness are common among the older Chinese population of Chicago, something often identified in terms of lack of participation in social activities. They acknowledge Chinese culture as having an impact on the perception of loneliness, which is different from Western older adults.

Despite the vulnerabilities older migrants experience, there is also research pointing out that the older migrants can draw from the new socio-culture environment, especially their own ethnic culture or ethnic community, to mobilise resources in the structural opportunities to overcome vulnerabilities and loneliness through embeddedness and participation in the host society (Berry, 1997; Ciobanu, Fokkema, & Nedelcu, 2017). It is also shown that through the use of new media technology (or information and communication technology), older

migrants can manage to stay connected with their home environment (Wilding & Baldassar, 2016).

## **4. Trends and “environmental” challenges in social participation research**

Based on extensive literature reading of social participation and social gerontology, there are two trends emerging in the field of social participation and ageing research. First, current social participation research is diverting from focusing mostly on young and healthier old people to include frail older people who might have experienced functional loss in advanced age (Clarke & Warren, 2007; Duppen et al., 2018). Second, social gerontology theories regarding (detailed in Table 1) social participation have demonstrated a shift from individual-focused perspective (e.g. Disengagement theory & Activity theory) to a more critical and macro-structural perspective (e.g. critical gerontology). For instance, the activity theory focuses on individuals’ responsibility to maintain wellbeing through regular social participation while critical and environmental gerontology states that older people’s wellbeing in later life can be determined by their environment (both on neighbourhood level as by their position in a certain social structure and their experienced socio-economic situations in earlier life).

In addition to these trends, three new “environmental” challenges in social participation research are put forward: 1) influence of the changing media environment, 2) the influence of a relocation to long-term care institutions, and 3) the interdependence between migration, culture and ageing,

### **4.1. Changing media environment**

The media environment in which older adults are situated has gone through great changes since the 1850s. Affordable newspapers became prevalent in the 1850s (Meggs, 1998) and later the emergency of TV in the 1960s and Internet in the 1980s all changed the ways that people get information about participation opportunities. For instance, the coming of new media or Internet enabled all people, who used to be passive audience of traditional media

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sources, to share or communicate information with anyone with access to the Internet. In this way, people become more interactive with information (Gillmor, 2004).

Different media usage can facilitate people's social participation in different ways. For instance, the research conducted in the Midwest metropolitan area of the US shows that newspapers with a tendency to emphasise civic and community values can help build social connections among readers. Social connections can prepare people for social participation. Hooghe (2002) argues that a proper amount of TV watching can be positively associated with social participation levels. The usage of interactive new media can also facilitate people's social participation as it greatly reduces information costs and provide convenient ways for people to communicate with acquaintances or complete strangers (Boulianne, 2009). Besides, new media is also recognised as a source of information that people can use to meet others interested in the same offline activities (Nimrod, 2014).

Concurrent with the changes in people's mode of getting information is the increase of new media users. For example, in Belgium, the Internet user population exceeds 10 million in 2016, over 230% increase from around 3 million in 2000 (Internet Live Stats, 2019). The fastest growing cohort of Internet users are older people aged 60 years and over (Organisation for Economic Cooperation and Development, 2015). In Belgium in 2017, the percentage of people aged over 55 years using new media or Internet daily was 72% (Statista, 2019). New media or Information Communication Technology (ICT) usage has been found to be a processual variable and an important part of active ageing in later life (Marsillas et al., 2017). However, the academic enquiry into how older adults' different media usage is associated with their social participation in later life remains unaddressed.

## 4.2. Relocation to a long-term care institution

As is suggested by environmental gerontology, older adults' physical environment (e.g. environment of residence) has an impact on their social behaviour outcome such as social participation. Therefore, it remains a challenge for social gerontologists to explore the effect of environment changes (e.g. relocation to long-term care institutions) on older adults' social participation. Existing literature has documented that older adults relocating to long-term care institutions experience more discontinuity in their social participation.

Older adults who experienced relocation often leave behind not only their home but also their neighborhood and an established social network. Both positive and negative experiences have been associated with relocation in research. Changes to daily living activities

have been identified as being a barrier to adjusting to residential care (Lee, Woo & Mackenzie, 2002b), and can bring about negative feelings such as loss. Negative feelings may be further aggravated by the restrictions and constraints faced by older adults immediately following their relocation to a LTC institution (Jilek, 2000). On the other hand, positive experiences related to a sense of relief and security have also been reported in these circumstances (Iwasiw et al, 1996). A sense of relief may correspond to a reduced feeling of loneliness, while security concerns could relate to worrying less about physical safety (e.g., unobserved falls or balance issues when walking) (Reed & Payton, 1996).

There exists a lack of research about social participation in Chinese LTCs as the central focus in current literature is about physical activity (Liu & Hu, 2015; Chen & Li, 2014). It is, however, necessary to examine social participation among Chinese LTC residents, seen that their participation might be different from their western counterparts. Chinese older adults residing in LTC's have better functional and cognitive capabilities compared to western older residents residing in an LTC (Song, Anderson, Corazzini & Wu, 2014). This is mainly because of the fact that most Chinese LTCs tend to refuse older people with mental disabilities or dementia (Balfour, 2012). Feng et al. (2011) found that nearly half of the older adults residing in a sample of 140 elder care homes in Nanjing were capable of living independently. A study in two long-term care facilities in Nanjing and Tianjin China a large proportion of residents do not have problems in activities of daily living and can take care of themselves on a daily basis (Zhan, Luo & Chen, 2012). The main reasons for older adults entering LTC in China are because of the unavailability of their children to take care of them, older adults' disability or health conditions, and housing problems (Zhan, Luo & Chen, 2012).

### 4.3. Migration, Culture and Ageing

Another challenge is the emerging phenomenon of migration. According to the United Nations, never in history are there so many migrants living out of their country of residence. The increasing number of international migrants has become a substantial part of Europe's older population and nearly one-third of the international migrants live in Europe (76 million) (United Nations, International Migration Report, 2015). In particular, Eurostat data show significant growth in the number of foreign-born residents aged 55 years and over (Eurostat, 2018). In Belgium and the Netherlands, the period of 2010-2015 exhibits an increase of older migrant population of 19% and 22% (Statline, 2017). Similarly, large numbers and stable increases can be observed in the age group of 45-54 years, labeled as the 'future migrants'. Research shows that most older people with a migration background will spend their later life in Europe and only a minority will return to their home country (de Haas & Fokkema, 2010).

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The challenges of how this group of ageing migrants can age well in the host society become an urgent issue. In this regard, social participation among older migrants in Europe is a research area that is worth our attention. Existing research has paid much attention on how to devise social integration programs for migrants (including older migrants) (Nash, 2006) with the aim of increasing their social participation and wellbeing. Such programs include, but are not restricted to, language improvement, linking migrants to their ethnic community, how to make a hospital appointment, etc. However, existing research in migration and ageing restricts themselves to larger traditional migrant group such as migrant with Moroccan and Turkish backgrounds. For instance, social participation, especially religious participation, protects Turkish and Moroccan migrants from loneliness (Klok, van Tilburg, Suanet, Fokkema & Huisman, 2017).

However, despite the fact that the number of Chinese migrants has been rapidly increasing in both the Netherlands and Belgium for the last decade, few studies focus on older Chinese migrants. The number of first-generation Chinese aged 60 years and over almost doubled from 2,709 in 2007 to 5,096 in 2017 (Statline, 2017) while the figure in Belgium has more than doubled from 1,306 in 2008 to 2,764 in 2017 (Eurostat, 2018). Compared with the traditional migrant groups (Turks, Moroccans, Surinamese), their numbers are still small. For instance, the number of older Moroccan migrants aged 60 and above in the Netherlands is 34,207 while the figure is 6,050 for older Chinese migrants (Statline, 2018). There are Older Chinese migrants' strategy of self-reliance and autonomy, geographically dispersed settlement, restraint from voicing needs in public, position in the labour market as small entrepreneurs instead of laborers are the reasons that Chinese older migrants are comparatively invisible (Baker, 1994; Pang, 1993).

In studying older migrants, we need to take into account that the WHO points out that culture is one of the cross-cutting determinants in the process of older adults' active ageing (WHO, 2002b, p20). As put forward by the WHO, culture influences everyone in a society, it shapes the way people age. For instance, cultural factors influence older adults' participation in health-related activities such as smoking. As ageing is recognised to be a cultural experience (Perkinson & Solimeo, 2014), the challenge for social participation research might be to include minority older migrant groups into studies on the role of in their social participation in a host society with different cultural norms.

There is great cultural diversity and complexity across countries and different regions of the world. With the phenomenon of migration, it is possible that diverse ethnicities bring various cultural values, beliefs and values to other societies with distinct different cultural values. It is emphasized by the WHO that policies and programs need to respect the cultures of different ethnicities (WHO, 2002b, p20). Cross-cultural research has confirmed that first-generation older migrants remain invested in elements of traditional Chinese culture (e.g. filial piety; Laidlaw, Wang, Coelho & Power, 2010), regardless of the length of time they have been exposed to the culture of the host country (Chuang, 2012). Therefore, the intervention

of devising policies or programs for ageing migrants can be challenging without a thorough understanding of how the origin culture of older migrants influences their social participation in later life in the context of the host society with possibly different culture.

In this sense, there is a need for research into the role of culture in the social participation of older Chinese migrants in Europe, since the host society provides a distinct western culture. On the one hand, Chinese culture may prohibit older migrants' activity participation within the host society. For instance, emphasising an indirect communication strategy – being different from mainstream European society, which values direct universal communication mode (Yum, 1988) – might make it difficult for older Chinese migrants to engage in activities with locals. On the other hand, Chinese migrants may also draw from their ethnic culture to cope with the possible barriers they are faced with in the host society (Castro & Murray, 2010).

An enquiry of Chinese culture's role in social participation in older Chinese migrants should start with research into Confucianism, which is the cornerstone of Chinese culture. The definition of Confucianism is the pragmatic ethics and philosophy of daily life of Chinese people. Confucianism has been found to be of immediate relevance for a wide range of sociological fields: education (Yu & Bairner, 2011), communication (Yum, 1988), fertility (Tang, 1995), etc. Prior research has also demonstrated that Confucianism has an influence on participation research not restricted to older adults. For instance, Yu and Bairner (2011) found that Confucianism has helped foster an anti-physical activity culture among students. Emphasizing an indirect communication strategy, which is different from mainstream European society valuing direct universal communication mode (Yum, 1988), might make it difficult for older Chinese migrants to engage in activities with locals.

## 5. Research framework & Structure

### 5.1 Research objective

According to environmental gerontology, human social behaviour, including social participation, can be influenced by a multitude of factors. These factors include individual characteristics, environmental factors (both physical and social), and the fit between the person and their environment. As social participation plays an important role in ageing well in later life, this dissertation seeks to clarify the motivators and barriers of social participation in later life, and in particular by investigating the role of environment in particular.

Based on the identifications of current challenges in social participation research, the following research objectives are identified.

The first research objective is to explore the portfolio of social participation in later life situated in different environments. The content, types, level of participation activities and the initiator of these activities will be explored among older adults residing in different environments (e.g. in older adults' own house, in LTC institutions). In particular, a portfolio of social participation in LTC institutions will be of importance, since a vast amount of quantitative research consistently describes that older residents in LTC institutions are mostly inactive (MacRae et al., 1996; Ice, 2002; Egerton & Brauer, 2009; Leedahl, Chapin, & Little, 2015; Benjamin, Edwards, Ploeg & Legault, 2014). Hence, it would be necessary to examine what institutionalized older people are doing when they are "considered" to be inactive.

The second research objective is to understand how the changing dynamics of media usage is correlated with older adults' social participation in later life. Prior research points out that new media usage can facilitate people's social participation as it can reduce information cost (Boulianne, 2009). Moreover, new media platforms provide convenient ways for people to meet others interested in the same offline activities (Nimrod, 2014). However, at the same time, older adults still have a preference for traditional media such as newspapers, television, and municipality leaflets (Nimrod, 2017). How the two forms of media usage (new and old media) are associated with social participation merits academic attention.

The third research objective is to examine how relocation to an LTC environment can impact late-life social participation in China. While community-dwelling older residents can lead a customary lifestyle, individuals relocated to long-term care institutions can often

experience discontinuity in their social participation (Benjamin et al., 2014; Smith, Towers, Palmer, Beecham & Welch, 2018). Hence, there exists a need to understand how older adults, who are relocated to a new environment, experience changes in social participation, motivators and barriers to social participation. Involving older residents' lived experiences to explore institutional social participation is important, as prior research shows that older adults' experiences can help understand complex health or social problems (Ward & Barnes, 2016).

The fourth research objective is to understand the influence of culture on social participation among the group of older Chinese migrants who have experienced major life event changes. Prior research has shown that culture can affect social behavior of Chinese people not restricted to older adults (Yu & Bairner, 2011; Yum, 1988). Moreover, first-generation migrants remain invested in their culture of origin no matter how long they stay in the country of residence (Chuang, 2012).

Drawing from the above theoretical discussions, this dissertation will strive to add to the understanding of how different environments (or the change of environment) will affect older adults' decision to participate or not. The concept of social participation is also broad in this dissertation as it includes both informal social participation, activities that are initiated by older people themselves, and formal social participation initiated by an existing organisation. In the meantime, personal characteristics of older adults will be taken into account in the analysis. It should be clarified that development of ageing theories is not a goal within the dissertation. Instead, the clarification of the environmental changes affecting later-life social participation is the focal point.

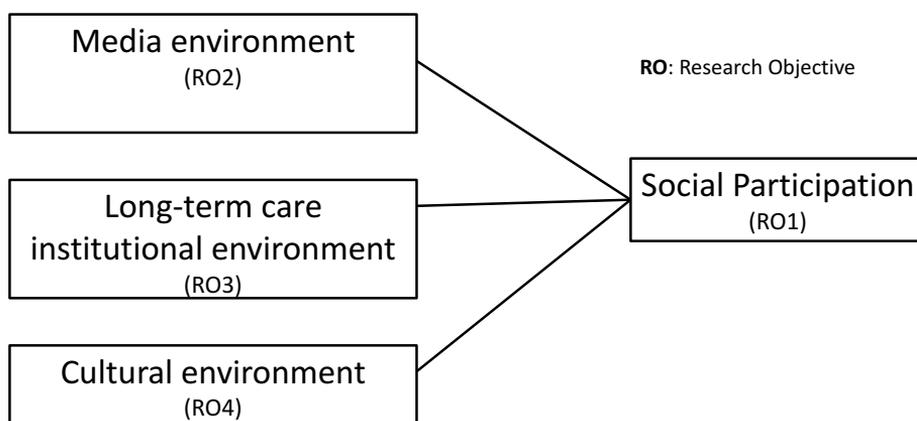


Figure 1: Conceptual Framework of this dissertation)

## 5.2 Dissertation Structure

To answer the above research objectives, four studies have been designed and completed. As is detailed in Table 1.2, the research objective, design and data description of each study has been explained to provide an overview of the studies we have completed.

In the first study, special attention is paid to the media usage among older adults in Belgium, which has changed drastically in the past century. For example, the emergency of television in the 1960s (Abramson, 2003) and the birth of Internet in the 1980s have changed the media environment where people obtain and exchange information. Media environment is important because by being exposed to information older adults may be informed of existing participation opportunities and the new media, in particular, can help older adults to find those who share the same interests. Despite the importance of new media, there is also research showing that a large proportion of older adults still prefer the usage of traditional media like television, newspaper and municipality leaflet. The first study deals with how different usage of media (old and new media) correlates with older adults' social participation.

The second and third study focus on the influence of change of residential environment on Chinese older adults' participation. The second study explores the content of social participation after relocation to long-term care institutions and the changes of social participation following relocation. The third study explores the motivators and barriers to social participation in the context of relocation to residential care, informed by older residents' own experience.

The fourth study explores how Chinese culture influences social participation for older minority migrants. Prior research states that Confucianism is the cornerstone of Chinese culture and that first-generation older adults remain invested in their culture of origin (Laidlaw, Wang, Coelho & Power, 2010), regardless of the length of time they have been exposed to the culture of the host country (Chuang, 2012). We selected the sample of first-generation older Chinese adults in Belgium and the Netherlands. With the adoption of in-depth one-to-one interview with 28 older Chinese migrants, this study seeks to unravel Confucianism's role on social participation among older Chinese migrants in Belgium and the Netherlands.

**Table1.2** Overview of all Studies in the Dissertation

	Research Questions	Research Design	Data description
Chapter 2	1. What is the profile of older adults' social participation and media usage? 2. Is there a relationship between (new and traditional) media usage and (informal and formal) social participation amongst older adults?	Cross-sectional	36,282 home-dwelling adults from Belgian Ageing Studies
chapter 3	1.What is the profile of older adults' participation after relocation to long-term care institution? 2. What are the changes of older adults' social participation after relocation?	focus group interview	40 older adults in two Chinese long-term care institutions (one in Beijing; the other in Suzhou)
Chapter 4	1.What are barriers to social participation among older adults in long-term care? 2. motivators to social participation among older adults in long-term care?	focus group interview	40 older adults in two Chinese long-term care institutions (one in Beijing; the other in Suzhou)
Chapter 5	1. What is culture's influence on social participation among first-generation older migrants?	one-to-one in- depth interview	21 older Chinese migrants in the Netherlands and 7 in Belgium

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## **Part II. Works**

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## **Chapter 2. Social Participation among Older Adults in Belgium's Flanders Region: Exploring the Roles of Both New and Old Media Usage**

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## Chapter Abstract

The media usage of older adults aged 60 and above in the 21st century information society is gaining increasing research attention. This research investigates the association between two important aspects in later life, media usage and social participation, among 36,282 home-dwelling adults aged 60 and above in over 138 municipalities of Belgium's Flanders region. The data are collected through a participatory research method, in which older adults are recruited and trained as research volunteers. Media is categorised into new media (Internet) and traditional/old media (newspaper, TV, community newsletter), while social participation is divided into formal and informal participation.

The results of hierarchical linear regression and logistic binary regression analysis show that reading the community newsletter, reading the newspaper, and Internet usage are positively correlated with formal and informal social participation, whereas watching TV shows a negative correlation with both participation forms. Finally, the implications of the association between older adults' traditional media usage and social participation are discussed.

Keywords: media usage; new media; old media; social participation; older adults

# 1. Introduction

Today's world faces two drastic demographic changes. First, population ageing is occurring almost everywhere. The United Nations (2015) estimates that the number of people aged at least 60 years will more than double from 2015 (901 million) to 2050 (nearly 2.1 billion). Second, the number of Internet users is increasing rapidly with the arrival of the information age (Eurostat, 2011, 2017; Kubey, 1997), enabling the general public to access vast quantities of information. In Europe alone, the Internet user population already exceeds 615 million, representing penetration of 73.49%: nearly five times that of 2000 (Internet Live World Stats, 2017). Among them, older adults are recognised to be the fastest growing population of Internet users (Organisation for Economic Co-operation and Development (OECD), 2015).

To meet the challenges of an ageing society, such topics as older adults' participation are attracting increasing research interest. Older adults' social participation is recognised as an integral and indispensable part of active and healthy ageing (World Health Organization (WHO), 2002, 2015), having a positive effect on older adults' physical and mental health (Bourassa et al, 2017; Chen & Janke, 2012; Kanamori et al., 2014; Takagi, Kondo, & Kawachi, 2013), and constituting an important intervention goal for health professionals (Levasseur et al, 2010). The key aim of the WHO's initiative on Active and Healthy Ageing is for older people to continually participate in 'social, economic, cultural, spiritual and civic affairs', not just 'being physically active or participating in the labour market'(WHO, 2002, pp12). The beneficial role of broader social participation has been confirmed in prior research. For example, greater participation in cultural activities was found to reduce the mortality risk for older adults (Agahi & Parker, 2008), and frequent involvement in informal and formal social leisure activities has been associated with less cognitive impairment and fewer depressive symptoms (Janke, Nimrod, & Kleiber, 2008).

Media usage and exposure can create opportunities for social participation (Choi & Shin, 2017) in several ways. It can, for example, inform people about existing participation opportunities (Kang & Kwak, 2003). New media, such as the Internet, has also been found to help older people connect to the outside world, gain social support, engage in activities of interest, and boost their confidence (Chen & Schulz, 2016). A study by Juznic, Blazic, Mercun, Plestenjak, and Majcenovic (2006) discovered that older adults in Slovenia are interested in and capable of learning how to use information and communications technology (ICT) and mastering Internet skills. However, despite the potential benefits and older adults' interest and capability, there exists a grey digital

divide (Millward, 2003). In today's digital age, older adults are lagging behind in terms of user proportion and the range of reasons for using technology. In the OECD area in 2014, only 49% of people aged 60 or over used the Internet in 2014, against 95% of 16 to 25-year-olds (OECD, 2015). Moreover, while older users mainly use the Internet for emails and information seeking, younger users also play online games, frequent message boards, and shop (Morris, Goodman, & Brading, 2007).

This work aims to identify the links between older adults' media use and their social participation by using a large quantitative dataset (N=36,282) from the Belgian Ageing Studies (BAS) project. Despite their increasing use of the Internet, traditionalism still predominates older adults' media usage (Nimrod, 2017). They continue to rely on traditional media, such as newspapers and TV, as their main information sources, in contrast to their younger cohorts. This paper, therefore, proposes that when studying the relationship between media usage and social participation, older adults' reliance on traditional media, such as TV, newspapers, and community newsletters, should not be ignored.

## 2. Literature review

### 2.1. Old (traditional) and new media usage

Since affordable newspaper became prevalent in the 1850s (Meggs, 1998), modes of human communication have made significant advances, most notably with the emergence of TV in the 1960s (Abramson, 2003) and the birth of the Internet in the 1980s. The coming of new media technology enabled all citizens, formerly the passive audience of traditional media sources, to share or communicate information with anyone else able to access the Internet and receive instant feedback (Gillmor, 2004).

Empowering older adults by improving their information literacy has gained increasing prominence in European-level policy-making, as demonstrated by the following three developments. First, the Prague Declaration in 2003 established information literacy – defined as a set of skills to access and process information through media usage – as important for all sectors of society. Being information poor may lead to exclusion from social activities (Horton, 2006). Second, in 2007, the European Commission formulated an action plan on ICT and ageing, aiming to increase older adults' information literacy to help them improve their quality of life, stay healthier, and live independently for longer (European Commission, 2007). Third, the EU's Horizon 2020 programme, targeting solutions for demographic challenges through innovative research, acknowledges the possible opportunities brought by new ICT to promote an age-friendly society (European Commission, 2014).

Positive results are found in studies reviewing the association between different media usage and social participation. According to a study conducted in the Midwest metropolitan area of the US, newspapers with a tendency to highlight civic and community values can help build social connections among readers (Jeffres et al, 2007). In a cross-sectional study of adults (aged 18-65) in the US, Hooghe (2002) observes that a moderate amount of TV viewing is not negatively associated with social participation levels. The interactivity inherent in new media technology can facilitate people's social participation as it greatly reduces information costs; moreover, social media platforms provide convenient ways for people to communicate with acquaintances or complete strangers (Boulianne, 2009).

New media usage fosters a sense of independence and is associated with greater social connectivity, increased levels of perceived social support, lower levels of

loneliness and depression, and a more optimistic overall attitude towards the process of ageing (Dickinson & Hill, 2007; Fokkema & Knipscheer, 2007; White et al., 2002). New media channels are recognised as sources of information used to meet others interested in the same offline activities (Nimrod, 2014).

Internet usage has also been found to enhance older adults' social inclusion. The Internet helps older adults to learn new things and make new friends, which is claimed to have positive effects on their social lives (Blazun et al, 2012). The Internet has also been found to alleviate older adults' social isolation through four mechanisms: connecting to the outside world, gaining social support, engaging in activities of interest, and boosting confidence (Chen & Schulz, 2016).

## 2.2 Social participation and social gerontology

Theories concerning older adults' social participation have progressed through several phases: disengagement in the 1960s, successful ageing and productive ageing in the 1980s, and critical gerontology from the onset of this century. From a psychological perspective, disengagement theory (Cumming & Henry, 1961) posits that older adults with declining health will gradually withdraw from social relationships and participation as they anticipate approaching death. Successful ageing, on the other hand (Pfeiffer, 1974; Rowe & Kahn, 1987), argues that maintaining social activities in later life is the key to avoiding disengagement from society. The 1980s also witnessed the concept of productive ageing, which values the activities of older adults that produce goods and services that would otherwise have to be paid for (Morgan, 1986).

In 2002, and reinforced more recently, the WHO (2002, 2015) proposed the principles of active and healthy ageing, emphasising the health benefits for older adults of staying socially active in later life, and advocating social participation as an important part of realising the goal of active and healthy ageing. On the other hand, critical gerontologists question the validity of social participation under the framework of active ageing (Minkler & Holstein, 2008; Martinson & Minkler, 2006). They argue that older adults are a heterogeneous group of people who can choose how to spend their later life based on past life experiences and individual preferences. For older adults who engaged in physically demanding careers in their earlier lives, refraining from active participation in social activities can be a preferable route to active ageing.

### **3. Research questions and aims**

This research aims to establish the relation between media usage and social participation in the daily lives of older adults in Belgium's Flanders region. Media usage is broadly defined in two categories: new media (Internet) usage and traditional media (TV, newspaper, and community newsletter) usage. Social participation is also defined in two categories: informal and formal participation. Formal participation relates to 'codified or prearranged structures' (Barry et al., 2014, pp534; Litwin & Eaton, 2016) and, in this paper, describes participation through membership of an organised association; conversely, informal participation refers to day-to-day activities initiated by older people themselves, without an organisation. Consequently, the paper aims to answer the following research questions:

1. What is the profile of older adults' social participation and media usage?

2. Is there a relationship between (new and traditional) media usage and (informal and formal) social participation amongst older adults?

### **4. Method**

#### **4.1 Data collection**

The paper uses secondary data from the BAS project, which conducted a standardised survey among home-dwelling older adults (N=36,282) aged 60 and above in over 138 cities and towns of the Flanders region. This study has gained the approval protocol from the ethical committee of Vrije Universiteit Brussel (B.U.N. 143201111521). The BAS research team collected data from 2008 to 2014. A structured questionnaire was used to research older adults' personal characteristics (i.e. gender, age, and living arrangements), socio-economic status (i.e. income and education), health and mental wellbeing, social participation, and media use (i.e. TV, newspapers, Internet, and community newsletters). The project aimed to promote older adults' active ageing from a community-based perspective.

The project adopted a participatory peer-research method (De Donder et al., 2014) to engage older adults in the research process: for instance, volunteers among the older adults were themselves recruited to investigate their peers in the municipality after proper training. This enabled a relatively high questionnaire completion rate of between 65% and 85%, depending on the municipality.

### 4.2 Sample

Proportional stratification sampling with regard to gender and age (60-69, 70-79, and 80 and over) was used to form a sample representative of the population in each municipality (De Donder et al., 2014). The sample comprised 54.4% females (45.6% males), with an average age of 71.7 years. In total, 92.8% of respondents had lived in their respective community for over ten years, and 70.8% lived with a partner. In terms of monthly household income, 16.7% received €500–900, while 36.4% received €1000–1499. Regarding the highest education received by interviewees, 32.4% completed primary education, 47.7% secondary education, 10.1% higher education, and 4.1% university education.

### 4.3 Dependent variables: social participation

The dependent variable of social participation is operationalised by two key elements: informal social participation and formal social participation.

Informal social participation was measured by the number of different social or leisure activities in which a respondent engages at least once a month. Respondents were presented with a list of 14 activities (e.g. walking, visiting restaurants, and shopping) and asked to rate their frequency of engaging in this informal activity (0 = never or seldom; 1 = at least once a month to weekly). Subsequently, one variable of informal participation was computed by adding up the activities in which respondents engage at least monthly to weekly, creating a variable ranging from 0 to 10.

As regards formal social participation, respondents were asked whether they were a member of any of twenty listed organisations, including, for example, older people's associations, sports organisations, women's associations, and charity organisations.

Older adults were considered to participate formally in social activities if they were a member of at least one social, cultural or political association (0 = no memberships, 1 = membership).

#### 4.4 Independent variables: media usage

Traditional media (TV, newspapers, and community newsletters) usage and new media (Internet) usage were the independent variables. Respondents were asked the duration of their TV watching (expressed in hours per week), their frequency of newspaper reading (1 = never, 2 = less than once per week, 3 = weekly, 4 = daily), and their habit of consulting a community newsletter (1 = no, 2 = yes). A 5-point Likert-scale was used to measure older adults' Internet use (1 = never, 2 = less than once a week, 3 = weekly, 4 = daily, 5 = several times a day).

#### 4.5 Control variables

This paper includes personal characteristics (age, gender, marital status, physical and mental health) and socio-economic status (income and education) as control variables.

Physical health (Cronbach's alpha = 0.897) is measured by the physical functioning dimension of the SF-20 (Kempen, 1992), a short-form general health survey. The survey asked respondents whether their health prevents them from participating in six activities: 1. very demanding activities like lifting up heavy objects, etc; 2. less demanding activities (e.g. carrying shopping bags); 3. walking up a hill or stairs; 4. bending down, lifting up, or bending over; 5. going for a short walk; and 6. eating, dressing, taking a shower/bath, or going to the toilet. Being hampered due to physical health is coded as 1, and not hampered as 2. Physical health is measured by the sum of above six items, ranging from 6 to 12. A higher score indicates better physical health.

Mental health (Cronbach's alpha = 0.878) is measured by whether a respondent agreed with the following six statements (Bradburn, 1969; Stewart, Hays, & Ware, 1988): 1. I have trouble sleeping and often lay awake due to troubles; 2. I feel unhappy and depressed; 3. I feel like I'm losing my self-confidence; 4. I feel like I can't cope with problems; 5. I feel under constant pressure; and 6. I feel like I'm not worth anything

anymore. A 4-point Likert scale is used to measure each response (1 = not at all, 2 = not more than usual, 3 = more than usual, 4 = considerably more than usual). A higher score represents greater psychological pressure and lower mental health.

Socio-economic status is measured by the respondent's income and education. Respondents were asked into which range their monthly household income falls: €500–999, €1000–1499, €1500–1999, €2000–2499, €2500–3999, €4000–4999, and ≥€5000). Concerning their education, they were asked about their highest level of education completed.

### 4.6 Data analysis

The data analysis process involved four stages. In the first stage, frequency analysis of respondents' characteristics was performed. Second, bivariate analysis was used to explore the correlations between the expected independent variables (individual characteristics, traditional media usage, and new media usage) and dependent variables (informal social participation and formal social participation). The Pearson correlation was adopted to examine these correlations (Field, 2009).

Third, when a correlation was found, multicollinearity analysis was executed to rule out the possibility of multicollinearity among predictors ( $VIF > 2.0$ ). After elimination of correlated predictors, the final predictors were categorised into the following independent variable blocks: personal characteristics, socio-economic status, traditional media, and new media. Finally, in the fourth stage, a blockwise hierarchical regression method was adopted to determine the relative predictive power of each independent variable for the dependent variable of informal participation. As regards formal participation, binary logistic regression was used to measure the predictive weight of the four block independent variables.

## 5. Results

### 5.1 General profile of formal and informal social participation and media usage among older adults

Table 2.1 presents the frequency distributions of the dependent variables: informal social participation and formal social participation. In terms of informal participation, respondents reported fourteen popular activities in which they participated: most popular were walking or cycling in spare time (62.8%), followed by gardening (53.4%), and visiting bars or restaurants (49.7%). It should be noted that in the BAS questionnaire, walking or cycling was specifically posed as a leisure time activity, rather than simply referring to transportation mode. The sampled older adults participated in an average of 4.21 informal activities (SD=2.45).

The variable of formal participation represents older adults' commitment to a formally established organisation or organised activity: associations for older adults (23.6%), sports organisations (14.3%), and employers' unions (12.6%) were reported as the respondents' top three forms of formal participation. Conversely, the three least popular forms of formal participation among the respondents are associations for (amateur) artists (7.1%), the Red Cross (6.6%), and family associations (6.1%).

In terms of media usage, 82% read newspapers at least once a week and 77.1% consult their community newsletter (respondents were not asked on the frequency of community newsletter reading in the BAS questionnaire); in sharp contrast, only 28.42% use the Internet at least weekly, comprising 6.80% using the Internet several times a day, 15.97% daily, and 5.65% weekly. A significant majority of the surveyed older adults (68.26%) report never using the Internet. Additionally, older people watched TV for an average duration of 3.79 hours (SD =1.49) per day.

**Table 2.1** Informal and Formal Social Participation Frequency Distribution.

Top Ten Informal Activities *		Top Ten Formal Organisation Memberships	
Going for a walk or cycling	62.8%	Association for older adults	23.6%
Gardening	53.4%	Sports association or club (including walking, playing chess, etc.)	14.3%
Visiting bars or restaurants	49.7%	Trade union	12.6%
Reading books	43.4%	Women's association	12.5%
Shopping for pleasure	43.3%	Organisation for helping those in need	12.0%
Travelling	34.0%	Political association or party	8.9%
House repairs	33.0%	Hobby club	7.8%
Doing odd jobs or handiwork	27.1%	Association for (amateur) artists	7.1%
Card or board games	24.1%	Red Cross, Flemish Cross, etc.	6.6%
Other sports activity	16.0%	Family association	6.1%

*Note:* \*Participate More Than Once a Week

## 5.2 Bivariate and multicollinearity analysis

The bivariate analysis (Pearson correlation analysis) showed that both new media (Internet) usage and traditional media (TV, newspapers, and community newsletters) usage were significantly correlated with informal and formal social participation. While Internet usage, newspaper reading, and community newsletter reading were each positively correlated with both dependent variables, TV watching hours demonstrated a negative correlation with both dependent variables. Concerns over multicollinearity were dismissed as the outcomes for the VIF value of collinearity statistics were all below 2.0.

Logistic binary regression results for formal social participation

Table 2.2 shows the binary logistic regression results for formal participation. Both traditional and new media usage are correlated with older adults' formal social

participation. This model accounts for 6.8% of the total variation. Regarding traditional media use, reading community newsletters and newspapers are two positive factors, indicating that older adults who more frequently read newspapers and community newsletters are more likely to be members of an association.

A one-unit change in the independent variable of community newsletter reading (EXP  $\beta = 1.539$ ,  $p = .000$ ) increased the odds of being a member by a factor of around 1.5, indicating that the more frequently people read community newsletters, the more likely (1.5 times) they are to be an association member. Newspaper reading (EXP  $\beta = 1.073$ ,  $p = .000$ ) also shows a positive correlation. On the contrary, TV watching hours (EXP  $\beta = 0.895$ ,  $p = .000$ ) demonstrates a significant negative correlation with formal social participation: respondents with a one-unit increase in TV watching duration were about 10% less likely to be a member of a formal association. As regards the relationship with new media, increased Internet usage (EXP  $\beta = 1.106$ ,  $p = .000$ ) is associated with a greater likelihood of formal social participation.

Regarding the control variables, income is positively correlated with formal participation, indicating that older adults with higher income are about 1.14 times (EXP  $\beta = 1.144$ ,  $p = .000$ ) more likely to participate in formally organised associations. Length of residence in the community (EXP  $\beta = 1.01$ ,  $p = .004$ ) and age (EXP  $\beta = 0.988$ ,  $p = .028$ ) are two further predictors of formal participation: for example, a ten-year increase in the period a respondent has lived in the community increased the odds of formal participation by 10%.

### 5.3 Hierarchical linear regression of informal participation

Table 2.3 shows the results of hierarchical linear regression of informal social participation. The regression model explains 24.2% of the total variation. Ten independent variables stand out as predictors for the dependent variables. Among them, TV watching hours ( $\beta = -.103$ ,  $p = .000$ ) is negatively correlated with informal participation, meaning that extended TV watching is correlated with lower informal social participation. On the other hand, community newsletter ( $\beta = .71$ ,  $p = .000$ ) and newspaper ( $\beta = .117$ ,  $p = .000$ ) reading show positive correlations, demonstrating that older adults with the habit of consulting community newsletters and/or reading newspapers with greater frequency are more likely to participate in informal social activities. New media (Internet) usage ( $\beta = .276$ ,  $p = .000$ ) also shows a positive correlation with informal participation.

**Table 2.2** Logistic Binary Regression of Formal Participation

	Block 1			Block 2			Block 3			Block 4		
	$\beta$	SE	EXP(B)									
<b>Personal</b>												
Age	-0.019	0.005***	0.981	-0.016	0.005***	0.984	-0.016	0.005***	0.984	-0.012	0.005**	0.988
Gender (female)	-0.073	0.076*	0.93	-0.036	0.077	0.964	-0.031	0.077	0.97	-0.004	0.078	0.996
Marital status	-0.022	0.08	0.978	-0.131	0.084*	0.877	-0.154	0.085**	0.858	-0.133	0.085*	0.876
Length of	0.009	0.002***	1.009	0.01	0.002***	1.01	0.009	0.002***	1.009	0.01	0.002***	1.01
Mental health	-0.078	0.083*	0.925	-0.085	0.083*	0.919	-0.079	0.084*	0.924	-0.073	0.084*	0.929
Physical health	0.025	0.01**	1.025	0.02	0.01**	1.02	0.013	0.01*	1.013	0.012	0.01*	1.012
<b>Socio-economic</b>												
Household				0.214	0.044***	1.239	0.167	0.045***	1.182	0.134	0.046***	1.144
Education level				0.041	0.014***	1.042	0.03	0.014**	1.03	0.021	0.015*	1.021
<b>Traditional Media</b>												
TV												
Community							-0.118	0.024***	0.889	-0.111	0.024***	0.895
Newspaper							0.451	0.091***	1.57	0.431	0.092***	1.539
<b>New Media</b>												
Internet							0.076	0.032**	1.079	0.07	0.033**	1.073
<b>Nagelkerke R</b>		2.2%			3.8%			6.3%		0.101	0.028***	1.106
											6.8%	

Note: \*p<0.5 \*\*p<0.1 \*\*\*p<0.01

As regards personal characteristics, two control variables (age and physical health) are correlated with informal participation. For example, age ( $\beta = -.045$ ,  $p = .000$ ) demonstrates a negative correlation, meaning that as older adults' age increases, they are less likely to participate in informal activities. Concerning socio-economic status, income ( $\beta = .26$ ,  $p = .000$ ) shows a positive correlation, indicating that older adults with more financial resources available are also more likely to participate in informal activities. Education level ( $\beta = .027$ ,  $p = .054$ ) is also positively correlated with informal participation.

## 6. Discussion

In recent years, older adults' media usage and social participation have been gaining increasing attention from both communication and social gerontology researchers (Boulianne, 2015; Tirado-Morueta, Hernando-Gómez, & Aguaded-Gomez, 2016). While most studies have focused on older adults' new media usage and the digital divide (Millward, 2003; Cuervo & Menéndez, 2006), this study also considers the parallel domain of older adults' traditional media usage, and explores its association with social participation.

Responding to the first research question, the results corroborate previous research findings (Nimrod, 2017; Kim, 2002) by showing that traditional media usage also continues to predominate in Belgium's Flanders region. Older people are more inclined to use traditional media, such as TV, newspaper, and radio, rather than new communication modes. Among the study's respondents, 82.2% of older adults read newspapers at least weekly and 77.1% consult community newsletters in their later life.

**Table 2.3** Hierarchical Linear Regression of Informal Participation

	Block 1			Block 2			Block 3			Block 4		
	$\beta$	SE $\beta$	t-value									
<b>Personal</b>												
Age	-0.064	0.0219***	-12.164	-0.058	0.0197***	-11.093	5.232	0.196***	-11.271	-0.045	0.154***	-8.739
Gender (female)	-0.156	0.0333**	-1.984	-0.085	0.018*	-1.097	-0.058	0.016*	-1.012	-0.004	0.001	-0.056
Marital status	0.118	0.024*	1.414	-0.096	0.019*	-1.134	-0.077	0.027*	-1.604	-0.073	0.015*	-0.887
Length of	0.001	0.014*	0.816	0.002	0.024*	1.455	-0.134	0.012*	0.728	0.002	0.017*	1.086
Mental health	-0.066	0.012*	-0.756	-0.071	0.013*	-0.833	0.001	0.011*	-0.724	-0.042	0.008	-0.509
Physical health	0.141	0.0242***	13.741	0.131	0.0225***	12.949	-0.06	0.0209***	12.19	0.12	0.0205***	12.174
<b>Socio-economic</b>												
Household				0.431	0.165***	9.852	0.352	0.135***	8.085	0.26	0.1***	5.941
Education level				0.069	0.079***	4.876	0.052	0.06***	3.755	0.027	0.031**	1.925
<b>Traditional Media</b>												
TV				-0.124	0.082***	-5.289	-0.103	0.068***	-4.46			
Community				0.771	0.131***	8.363	0.71	0.121***	7.808			
Newspaper				0.136	0.067***	4.19	0.117	0.057***	3.653			
<b>New Media</b>												
Internet												
<b>Nagelkerke R</b>					18.7%			21.8%			24.2%	

Note: \*p<0.05 \*\*p<0.01 \*\*\*p<0.001

This study contributes to existing research by overcoming a key shortcoming of prior studies, which define participation as an abstract concept that is difficult to measure (Arnstein, 1969). In an attempt to use an inclusive definition, this study groups social participation into formal and informal activities, based on whether an activity is initiated by an individual or a formally organised entity. A repertoire of older adults' social participation activities is thereby established. This study's respondents report engaging in one or more of fourteen informal social activities and being a member of one or more of twenty formally established associations. Over half of the surveyed older adults reported going for a walk or cycling at least weekly. Gardening is also a popular informal activity among them, with 53.4% engaging in it more than once a week. As regard formal participation, older adults in the Flanders region show most enthusiasm for older adult associations.

On the second research question, concerning the association between media usage and social participation among older adults, different relationship patterns have been discovered. In terms of informal participation, community newsletter and newspaper reading are shown to be positively correlated with informal participation, while TV watching hours is negatively associated with this participation category. Income and education level are two further important predictors, which is, to some extent, in line with the socio-economic model (Fowler, 2006).

Internet usage is positively linked with informal participation, which corroborates previous studies lauding the coming of the new media age and its beneficial effect on off-line social activities (Nimrod, 2014). This finding also accords with those of previous interventional studies in other European countries, such as Slovenia and Finland (Blazun et al., 2012). However, the findings of previous research might lack persuasive power due to their relatively small sample sizes, ranging from fewer than ten people to a few hundred (Chen & Schulz, 2016). Nevertheless, this study complements previous research and reinforces the conclusion of new media usage's positive role in older adults' social participation by using big data analysis (N=36,282) and taking into account control variables, such as subjects' personal characteristics and socio-economic status.

In terms of formal participation, community newsletter and newspaper reading each demonstrate a positive association, in accordance with the prior research finding that newspapers tend to highlight civic and community values, resulting in strengthened social connections (Jeffres et al., 2007). In this sense, as community newsletters typically focus more on local affairs (compared to newspapers), reading them might even be more beneficial for establishing shared community values and encouraging community-level participation. The positive association between length of residence in a community and formal participation supports previous studies' findings of a positive effect of

residence length and level of connectedness in the community on participation (Kang & Kwak, 2003; Kim & Ball-Rokeach, 2006).

TV viewing, on the other hand, demonstrates a negative association with formal participation, contradicting the claims of previous research that TV programs can increase people's social capital, and, in turn, positively influence their social participation, by portraying the realist world as a positive one in which viewers can often expect happy endings (Moy & Scheufele, 2000). A possible explanation is that this study only measures TV viewing in terms of watching duration. The content of TV programmes watched is also crucial: for example, use of local TV news has been found to promote community-level participation (Kang & Kwak, 2003). This inconsistency might also arise from the fact that, among older adults, TV viewing is found to be risk factor for both cognitive and physical impairment (Da Ronch et al., 2015; Rogerson et al., 2016; Smith & Hamer, 2014). The average daily viewing time of 3.79 hours reported in the survey might also reduce the amount of time that older people can otherwise allocate for social participation: previous research indicates that that social participation and volunteering levels are inversely related to TV watching (Van Cauwenberg et al., 2014).

In this study, new media usage is positively correlated with formal social participation, confirming the previous research finding of Boulianne (2015). Whether the effect of this new media usage on formal social participation is transformative or causal needs to be investigated through longitudinal research. Nevertheless, while considerable resources and efforts have been dedicated to increasing older adults' digital inclusion, their ongoing preference for old/traditional media should not be ignored. Relevant local or national departments devoted to increasing older adults' social involvement should utilise the positive linkage between newspaper and community newsletter reading and social participation.

Overall, the research strongly reveals the associations between both new and old media literacy and social participation among society's ageing population. However, some limitations of the study should be noted. First, the independent variable of traditional media is not inclusive, as listening to the radio was omitted from the sources of acquiring information. This could be a potentially interesting factor to investigate, as US research has found radio exposure to increase people's political participation (de Rooij & Green, 2017). Second, the paper does not elucidate which kinds of Internet usage patterns – e.g. browsing social network websites, emailing family and friends, or using Skype with friends – positively influence older adults' social participation. To further explore the significant positive connections between community newsletter and newspaper reading and formal participation, questions probing what types of

information in newspapers motivate higher levels of formal social participation should be posed in further research.

## 7. Conclusions

This work explores the correlations between two important aspects of today's ageing society: older adults' social participation and media usage. New media usage is already attracting increasing research attention (Boulianne, 2009; Choi & Shin, 2017; Ihm & Hsieh, 2015; Mosca & Quaranta, 2016; Quinn, 2016), as it is expected to provide new opportunities and platforms for facilitating social participation. However, the undeniable preference of older adults for traditional media forms (Nimrod, 2017) still persists. Therefore, this study expands the existing research (Charness, 2004; Chen & Schulz, 2016; Juznic et al., 2006) by including older adults' usage of traditional media – specifically TV, newspapers, and community newsletters – and explores the relationship between each of them and social participation.

Concerning formal participation, both traditional and new media usage demonstrate outstanding associations. Traditional media usage of community newsletters shows a positive connection, while TV viewing is negatively correlated with formal participation. New media (Internet) usage also demonstrates a positive association with formal participation.

Additionally, among Flanders' older adults, both forms of media usage are also correlated with informal social participation. The association patterns are similar to those between media usage and formal social participation. TV watching hours is discovered to be negatively correlated with informal participation, while newspaper and community newsletter reading are positive correlated. Finally, the Internet also shows a positive correlation with informal participation.

It would be helpful for researchers and policy-makers not to forget the roles of newspapers and community newsletters in promoting older adults' social participation, especially as their beneficial roles have also been found in previous research (Arcoverde et al., 2008; Chen & Janke, 2012; Kanamori et al., 2014; Roh et al., 2015; Zhang & Zhang, 2015). Including older people in our ever-digitalised world and removing structural barriers to their social participation are key policy focuses in building an inclusive society. However, in the process of attaining these goals, it is also crucial to take advantage of older adults traditional media usage.

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**Chapter 3. Social Participation among Older Residents in Long-Term Care Institutions in Beijing and Suzhou, China, and their Self-Reported Social Participation Changes following Relocation**

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This study has been submitted to Journal of Clinical Nursing

## Chapter Abstract

**Objectives:** This study investigates the portfolio of social participation at long-term care institutions and analyzes residents' perceptions and experiences of changes to their social participation following their move into long-term care.

**Background:** Prior quantitative analyses have documented long-term care residents as being mostly inactive, yet little is known about the institutional social participation, especially in China.

**Design and methods:** Focus group interviews, using a semi-structured interview design, were conducted with 40 older residents in two Chinese long-term care facilities. Inductive thematic analysis, following the Qualitative Analysis Guide of Leuven (2012), was used to evaluate residents' experience of participation change. The research was completed with reference to the Consolidated Criteria for Reporting Qualitative Research checklist.

**Results:** We identified seven domains of formal participation (basic living activities, civic activities, leisure activities, household chore activities, interpersonal exchange activities, help-seeking activities, and physical exercise activities) and ten domains of informal participation (including health-risk behavior activities, helping others activities, financial management activities, and computer activities). Additionally, residents perceived three changes to their participation patterns following relocation: freedom from daily chores, increased choices regarding companionship, and the replacement of old hobbies with new ones.

**Conclusions:** Our findings indicate that analyses of social participation among institutionalized older adults should not be restricted to physical activities. Older residents, despite failing health, reported a wide range of participation activities within their physical and cognitive capabilities. They also experienced more opportunities for social participation after relocation, a finding that might be related to collectivist Confucianism culture in the context of our study.

**Relevance to clinical practice:** Long-term care institution staff should consider older residents' potential cognitive and physical abilities for engaging in various activities beyond just physical ones in order to provide choices for life to be lived at all life stages.

### KEYWORDS

Social participation, mainland China, focus groups, long-term care, participation changes

# 1. Introduction

China is an “aging giant,” inhabited by about one fifth of the world’s total aging population (United Nations, Department of Economic and Social Affairs, Population Division, 2017). By the end of 2017, older adults (aged 60 and over) numbered over 240 million, accounting for 17.3% of the total Chinese population (Ministry of Civil Affairs of the People’s Republic of China, 2018).

At the same time, China is in great need of long-term care (LTC) institutions to care for its older population, due to two demographic changes. First, an alternative approach to family planning, also known as the one child policy, since late 1970s (Flaherty et al., 2007) has resulted in less family care resources, which have been morally and legally the traditional foundation of care-giving for older people (Chu & Chi, 2008). Second, China’s unprecedented urbanization has seen many young people from rural areas moving into cities, leaving their parents at home (Flaherty et al., 2007;). Consequently, intergenerational ties have weakened and the shortage of informal care-providers is growing (Chu & Chi, 2008), leading to an aging population unable to rely solely on the traditional system of family care.

In response to this challenge, China has witnessed a significant increase in the number of LTC institutions (Shum, Lou, He, Chen, & Wang, 2015). The number has more than doubled, from 3.14 million in 2010 to over 6.7 million by the end of 2015 (Ministry of Civil Affairs of the People’s Republic of China, 2015), catalyzed by private sector initiatives and government policies (Feng et al., 2011). However, these LTC institutions still cannot meet the needs of China’s aging population, especially in central and western regions of the country (Du, 2015). Furthermore, China’s LTC infrastructure is still in its infancy, unlike the relatively comprehensive LTC systems established in other Asian regions, such as Japan, Hong Kong, and Taiwan (Kuo, Lin, Lan, & Li, 2017).

Social participation is recognized as one of the three pillars of Active ageing, proposed as a policy framework by World Health Organization (WHO, 2002) to meet the challenges of ageing well in later life. Since then, participation research has incurred criticism as ignoring older, frail adults and mainly focusing on health and community dwelling adults (Liang & Luo, 2012). There are scholars suggesting that social participation should not be restricted to high levels of participation such as volunteering, low-key participation such as looking out of the window and seeing passers-by can also be accounted as social participation for older frail people (Kaspar et al., 2015; Nauman, 2006; Duppen et al., 2019). In this article, we aim to broaden the concept of social participation to include low-key participation.

Recognized benefits of social participation, such as the potential to improve community-dwelling older adults’ mental and physical health (Bourassa, Memel, Woolverton, & Sbarra, 2017), and a decreased mortality rate (Minagawa & Saito, 2015). However, research on the

## Chapter 5. Confucianism and social participation among older Chinese migrants

social participation profiles of older residents in LTCs is scarce, especially in China. Sporadic observational studies concerning western LTCs have described the LTC institutional setting as a heavily stigmatized place featuring relatively low participation levels (Benjamin, Edwards, Ploeg, & Legault, 2014). Some researchers have observed that most institutionalized residents with declining physical health engage in passive activities such as sleeping or doing nothing at all (Ice, 2002; MacRae, Schnelle, Simmons, & Ouslander, 1996). However, these studies are often characterized by an underlying pessimism and may overlook older residents' experience of and potential for partaking in social activities that are meaningful to them following their relocation to a LTC (Van Malderen, Mets, De Vriendt, & Gorus, 2013).

The present study aims to shift research attention from describing how inactive LTC residents are to better understand profile of social participation activities when they are not inactive and their experience of how allocation to a LTC institution affects their social participation. Moreover, we aim to fill the specific research gap concerning LTC residents' social participation in urban China, as most prior research on this topic has been undertaken in a Western context. Finally, social participation discussed in our study is a broad concept including high levels of participation such as volunteering and low-key participation (e.g. festival observation). Depending on the initiator or starter of a certain activity, social participation ranges from those demonstrating informal participation, such as going to a café with friends, to those requiring formal participation, such as volunteering and participating in organized activities (Pan et al., 2018).

## 2. Background

### 2.1. Social participation among community-dwelling older adults versus LTC institution residents

Prior research has included very few summative social participation portfolios of older LTC institution residents. Of note, therefore, is a participation portfolio concerning community-dwelling older adults that was developed by Putnam et al. (2013), which used five U.S. public data sets with nationally representative samples of older adults. Thirteen distinct domains were identified as follows: employment activities, activities that may be associated with risks to an individual's health (referred to in the present study as "health-risk behavior activities"), day-to-day living tasks (hereafter, "basic living activities"), civic pursuits ("civic activities"), leisure activities, household chores ("household chore activities"), activities that involve helping others ("helping others activities"), religious activities, interpersonal exchange activities, help-seeking activities, physical exercise activities, financial management activities, and computer-related activities. However, the extent to which participation in such activities endures as part of the lives of older adults, or how this participation might change when people relocate to a LTC institution, remains unaddressed.

Compared to community-dwelling older residents leading a customary lifestyle, individuals relocated to LTC institutions experience more discontinuity in their social participation, as they often leave behind not only their homes but also their neighborhoods and an established social network (Lee, Woo, & Mackenzie, 2002). Both positive and negative experiences have been associated with relocation in the existing research. Changes to daily living activities have been identified as being a barrier to adjusting to residential care (Lee, Woo, & Mackenzie, 2002), and can bring about negative feelings such as loss. Negative feelings may be further aggravated by the restrictions and constraints faced by older adults immediately following their relocation to a LTC institution (Jilek, 2000). On the other hand, positive experiences related to a sense of relief and security have also been reported in these circumstances. A sense of relief may correspond to a reduced feeling of loneliness, for example, while reduced security concerns could relate to worrying less about physical safety (e.g., unobserved falls or balance issues when walking) (Reed & Payton, 1996).

### 2.2. LTC in China and in Western countries

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China's LTC system has developed through three distinct periods of the country's history. In the first period, prior to the establishment of People's Republic of China in 1949, there essentially existed no LTC facilities (Gu, Dupre, & Liu, 2007). Then, after 1949, the government became the sole care provider with respect to LTC institutions, which featured strict admission criteria ("three nos"). Under this framework, known as the welfare model, only those with no family support, no ability to work, and no source of income were eligible to receive LTC in institutions; the vast majority of older people in need of LTC were expected to seek support from their family (Leung, 2010). Later, following China's market-oriented reform in the 1980s and as the financial unsustainability of the country's welfare model was gradually revealed (Chu & Chi, 2008), the government diversified the system of LTC providers to include the private sector, non-governmental organizations, and foreign investors. During this period, it became possible for older people who did not meet the above-mentioned "three nos" criteria to enter LTC institutions.

Differences in cultural norms, as well as in LTC development, between China and Western developed countries might also have influenced the apparent divergent functional abilities of their respective LTC institutions' residents. While most LTC institutions in Western countries house older people with advanced chronic illnesses, disabilities, or cognitive decline that make it impossible for them to remain in their own homes (Nihtilä et al., 2008), Chinese institutions typically exclude individuals with declining cognitive conditions (Dong & Wu, 2010) and instead care for younger and healthier residents (Balfour, 2012; Dong & Wu, 2010).

## 3. Methods

### 3.1. Design

This study adopted the research method of focus group interviews because it encourages a range of responses, providing a greater understanding of participants' behavior, attitudes, or opinions on a certain issue from their own perspective (Hennink, 2007, p. 6). This qualitative research process followed guidelines from the Consolidated Criteria for Reporting Qualitative Research checklist (Tong, Sainsbury, & Craig, 2007) (see Supporting Information File 1).

### 3.2. Setting and Participants

Two LTC institutions participated in this research. One was a public LTC located in Suzhou, an economically developed city in southern China. The other LTC was a private institution in Beijing, the capital of China. Potential participants were purposively recruited on a voluntary basis without remuneration. The inclusion criterion was that residents could speak for themselves, regardless of their physical or mental health. With the help of nurses, those who had lost language or communicational ability resulting from severe cognitive impairments (e.g. late-stage Alzheimer's) were excluded. In total, eight focus groups (n = 4, Beijing; n = 4, Suzhou) were formed.

### 3.3. Data collection

The focus groups were conducted by the first author, who had received rigorous academic training with respect to how to conduct focus group interviews and was a PhD candidate in the field of aging and older adults' social participation. Between May and June 2016, she conducted the focus group interviews in the activity center of the LTC institution in Suzhou and in a tearoom of the LTC institution in Beijing. A registered nurse familiar with the focus group participants was also present to facilitate the research process. For instance, the local dialect of Suzhou was mixed with mandarin (official language of Chinese in mainland China) by some residents. The registered nurse would help translate a few words in Suzhou dialect into mandarin Chinese.

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The interview process followed a semi-structured design. Three rounds of questions were asked that set out to ascertain each participant's social participation and their perceptions of any changes of social participation following their relocation to LTC. In the first round, the researcher introduced herself and the aims of the research. In addition, interviewees were asked about how they spent a typical day in the LTC institution and who organized the activities in which they engaged.

For the second round, questions were asked regarding participants' social participation before entering LTC and whether they had retained those routines since relocating to the institution. In the third round, the residents were asked how they felt about any changes following their relocation to LTC. The average duration of the focus interviews was about 1.5 hours. The content of focus group discussions was recorded and transcribed verbatim afterwards.

### 3.4. Ethical considerations

The guidelines of the Human Sciences Ethical Committee of Vrije Universiteit Brussel were followed and the European Framework for Research Ethics has been respected throughout the course of this study (European Commission, 2013). Since our research included only competent human subjects and did not invade participants' integrity, no additional approval was required by the committee (Vrije Universiteit Brussel, 2018). Informed consent forms were given to all participants, who were notified of the aim, content, and duration of the research as well as their rights of privacy, anonymity, and to withdraw from the research at any time if they felt uncomfortable with the questions posed by the researcher.

### 3.5 Data analysis

All residents participated anonymously, with their surnames replaced in the analysis process. Two levels of coding system were employed with respect to participants' social participation. First, based on Putnam et al.'s (2013) classification of older adults' activities, 13 social participation items were used to code the transcribed interviews. Second, the items of social participation were also classified as "formal" or "informal" activities. Formal social participation are, in this paper, those organized by the management staff of the relevant LTC institution. Informal social participation relate to the daily activities initiated by older people themselves, outside of any organizational direction (Guillen, Coromina, & Saris, 2011). Inter-rater reliability was ensured by the first author and the fourth author, who were able to read

the transcribed Chinese manuscripts. The two researchers evaluated and compared codes whenever necessary and findings were discussed until consensus was reached. Lastly, a code relation matrix in MAXQDA (VERBI Software, 2017) was used to determine the dual nature of social participation (i.e., its content and initiator).

To assess changes in older people's changes of social participation after relocation to a LTC institution, inductive thematic analysis was adopted, based on stages of the Qualitative Analysis Guide of Leuven (Dierckx de Casterlé, Gastmans, Bryon, & Denier, 2012). This was completed in two parts. The first was a thorough preparation of the coding process by the first author, wherein they carefully reviewed the transcribed interviews, including the non-verbal signals, and made constant comparisons (forward and backward between interviews). The aim of this stage was to form a holistic narrative of each focus group interview. The second part of the analysis was the actual coding process, undertaken using MAXQDA. It comprised drawing up the key concepts, coding (linking relevant fragments to appropriate codes), analyzing the concepts, extracting interviewee stories and/or words, and, lastly, describing the results.

As an example of our findings following this stage of the analysis, after our initial reading of the first group interview in Suzhou, some keywords and preliminary impressions of changes in social participation after relocation were gained. For instance, one woman was unable to continue hand-making her own clothes, and a few disliked the food served in their LTC institution. However, thanks to the presence of LTC staff who organized activities regularly, residents had more opportunities to try out new things such as arts and crafts workshops. Residents also had more time to enjoy leisure activities because they no longer had to complete daily chores such as cooking. A second reading omitted the first item "inability to continue hand-making one's own clothes" as this issue was ascertained to have arisen through failing eyesight rather than because of the individual's relocation to LTC. That is, this particular change of social participation could equally well come about when an older adult remains living independently. In the second part of the analysis, items such as these were summarized into a single code categorized as "replacement of old hobbies with new ones developed in the LTC," which was then used to code other interviews.

## 4. Results

As detailed in Table 3.1, 15 men and 25 women participated in the research. Forty participants achieved data saturation according to the requirements of qualitative research methodology (Smith & Osborn, 2003). Their average age was 86.7 years old, ranging from 76 to 100 years old. The average time that a participant had lived in one of the LTC institutions was 5.72 years. Using a self-assessment question, 10 residents perceived their health status to be “very good,” 13 “good,” 9 “fair,” and 8 “poor.” Regarding mental health, 12 residents were self-rated as “very good,” 16 “good,” 6 “fair,” and 6 “poor.”

### 4.1. Social participation in LTC

After carefully reading and coding the transcribed texts of our interviewees, we discerned seven domains of formal participation: basic living activities, civic activities, leisure activities, household chore activities, interpersonal exchange activities, help-seeking activities, and physical exercise activities. As regards informal activities, ten domains were identified: health-risk behavior activities, basic living activities, civic activities, leisure activities, household chore activities, helping others activities, interpersonal exchange activities, physical exercise, financial management, and computer activities. Table 3.2 lists examples of formal and informal social participation activities, while, in the sections that follow, each social participation domain is explained from the perspective of LTC inhabitants. Note that a category of social participation can incorporate both informal and formal participation; for example, physical exercise can be formally organized or initiated by the residents.

#### 4.1.1. Health-risk behavior activities

“Health-risk behavior activities” referred, in our study, to behaviors and pursuits that could have a deleterious effect on an individual’s physical or mental health. Generally speaking, smoking, excessive alcohol consumption, and drug abuse are considered to be health-damaging activities. There were no formally organized activities that presented potential risks to residents’ health in our research, while some respondents talked about the informal activity of alcohol tasting. One man, aged 76, described inviting other residents to partake in alcohol consumption together as an important social activity.

#### 4.1.2. Basic living activities

Accounts of “basic living activities” related to function, and included references to both formal activities, such as having scheduled meals, and informal activities, such as sleeping and putting on clothes. Respondents expressed that having basic living activities such as scheduled meals provided by LTC could help older residents with declining functional abilities to deal with everyday issues. Compared with their community-dwelling counterparts, some older residents living in institutions asserted that they were spared the trouble of, for example, shopping for food and preparing meals themselves by living in LTC. Several mentioned that not having to cook enabled them instead to carry out more leisure activities. However, in the interviews, quite a few respondents voiced mixed feelings about not having to worry about taking care of themselves. Some residents not only complained about the quality of the food, but also lamented that they felt like babies being fed and clothed by others.

While most basic living activities are taken care of by the staff in LTC, a few respondents (especially those with declining functional abilities) attached great importance to being able to carry out basic living tasks on their own, such as getting dressed, walking, and going to the toilet, as it increased their self-confidence and feelings of usefulness. As expressed by one female respondent aged 86:

*I'm now not what I used to be, and I can't do many things that others can. For me, I try to do what I can. I put on clothes by myself, and I go to the bathroom on my own, and I can push the wheelchair on my own. Even though I only have one hand that's strong and I can use a bit power, I insist on doing things by myself. I don't feel worthless when I can still do them. But, sometimes, I can't do this because the nurses are worried about my safety. If they help me [going to the bathroom], things are much faster. I understand that, they have many people to care for.*

### 4.1.3. Household chore activities

“Household chore activities” are defined as those done in order to administrate, maintain, or improve the household (Putnam et al., 2013). In our study, one informal household chore activity was identified in the research (“tidying the room”) and one formal participation (“keeping pets”). According to an 84-year-old woman, tidying her room gave her a chance to redecorate her space a bit, and rearranging her old photos and objects prompted her to recall happy memories.

Three residents reported that they were still enjoying some household chore activities such as keeping pets. The pets were kept and mainly looked after by the staff while the residents played with them and helped (within their ability) to take care of them too. Following its relocation to a suburb in Suzhou, the public LTC institution in our study had a much bigger garden. The staff decided to keep a few animals as pets on the grass, to make the environment more engaging for the residents. One woman, who was 86 years old and used a wheelchair, expressed her pleasure with this arrangement when describing the change of her mood brought about by these animals:

*Looking out from my room, there used to be just grassland. But now it has become so beautiful; rabbits, sheep, and a peacock have made their home on the grassland. When the weather is good, I will go out to feed the animals. It's one of the few moments I look forward to after I moved here.*

### 4.1.4. Civic activities

There were two formal civic participation (“volunteering” and “submitting articles to a newspaper”) and one informal activity (“philanthropic donations”) reported in the focus group interviews. Three residents in the public nursing home in Suzhou mentioned volunteering for festive celebrations and submitting articles to an internal newspaper (which no longer exists). One man, aged 86, talked about how other residents had volunteered to help organize a Christmas celebration event:

*I like the festive celebration events organized by the LTC. Last Christmas, we were really happy. Did you notice the little Christmas house in the first floor? Grandpa Wu made it. He's a huge fan of architecture. He volunteered to do it as part of the decorations for Christmas.*

It was also found in the interviews that LTC residents treasure considerably being able to do charity work. One 98-year-old's face glowed with satisfaction when she recalled making a donation to students from economically disadvantaged families in China's mountainous areas, and she took pride in herself when other interviewees in the same focus group praised her for the good deeds she has done:

*During the Chinese Cultural Revolution, I was classified as a rightist anti-revolutionary traitor who deserved less than 200 RMB of living expenses monthly. For 22 years, I continued to live with this salary under dire situations. However, when the Cultural Revolution ended, I decided to donate 10,000 RMB to those children in the mountainous regions located in the less-developed western part of China. I'm one who has gone through hardships, so I know what this can mean to the children. I feel happy to be able to help the children who can't afford tuition fees. I have always thought that money is an external possession that comes and goes, and you can't take it to your grave.*

#### 4.1.5. Leisure activities

"Leisure activities," in this study, refer to those chosen according to an individual's willingness to spend spare time on them. Six formal leisure activities and 11 informal activities were identified in the research. Regarding the former, residents reported that their favorite leisure participation was singing get-togethers, followed by making paper flowers, calligraphy practice, painting, cuisine-sharing events, and playing games. When the researcher asked the residents about the activities they did in the LTC institutions, a number of their responses indicated that they developed new skills, through the organized workshops, that they would otherwise not have been able to do if they had continued to live independently. One woman, who was 89 years old and used a stick because of her declining mobility, proudly described her experience of attending a flower-making workshop:

*You know, I have very good eyesight. I could put the thread through a needle without putting on glasses. Even my elder daughter couldn't do it. I enjoy making the flowers very much. The teacher is good in explaining the steps. I'm willing to spend a day doing it. After I've finished making a pot of flowers, I'm very proud. Do you have time later? I can show you some of my works.*

In addition to the formal opportunities for leisure activities offered by the LTC institution, residents initiated activities by themselves, such as playing piano, singing, watching television, playing mahjong, seeing movies, reading newspapers, exploring the neighborhood of the LTC

institution, painting, and playing cards. An 83-year-old man commented on his morning ritual of watching the television news as follows:

*I like watching the news on television. In this way, I can know what is happening in the world. Every morning, I watch CCTV's [China Central Television's] Channel Four. I enjoy the show called "Affairs Across the Taiwanese Straits" [hai xia liang an]. You know, the Taiwan issue is just a reflection of the China–USA relationship. So you can call it, basically, international news. Then, I switch to "Asia Today." It's also international news. Then I know what's happening in the world. I like the feeling of being connected to the world by watching news.*

#### 4.1.6. Help-seeking and helping others activities

The social participation domain of "help-seeking" relates to obtaining assistance or support for the improvement of one's physical or mental health or other care needs. "Helping others" activities are about providing assistance to other individuals, including family members, friends, co-inhabitants in LTC, or the disadvantaged in society. Regarding the latter, it was found that younger residents with better functional ability were willing to offer help to co-inhabitants with lower functional ability. One female, aged 80, described how she helped to wheel her frail neighbor to the dining area when the LTC staff members who would normally assist were busy.

The LTC structure offered residents more opportunities to obtain help, too, not only from the staff but also from professional medical care practitioners. For example, the private LTC in Beijing would, once a month, invite a TCM doctor to the institution. As stated by one resident, aged 76:

*I like the acupuncture doctor invited here by the LTC. He's the fourth-generation descendant of a TCM master. He could treat most pains in my back and leg. I hope he could come more frequently. I do exercise according to the instructions of the TCM doctor.*

#### 4.1.7. Interpersonal exchange activities

This social participation category concerns involvement in person-to-person contact. One formal participation ("afternoon tea") and two informal participation ("chatting with other

residents,” “family and friends’ visits”) were perceived in the research. Regarding the former, in both LTC institutions, free tea and coffee are offered to encourage residents to step out of their rooms and have more conversations with other residents. The informal interpersonal exchange activities were varied, and included casual chats with other residents in a hallway, visits from family and friends, and conversations with staff members. The interpersonal exchange provided by visits from family and friends was of particular importance to residents. One man, aged 78, conveyed this as follows:

*Every month, my son with my little granddaughter will come to see me. That’s my happiest day in a month. They will take me out for a dinner or something. My son will drive and I’m finally able to see what’s new in the neighborhood. You know what, a new KFC has opened just three blocks away. I like their fried chicken wings. You know, I want to eat them even though the doctor asks me to stay away from fried food. They just taste so good because I can avoid the kitchen food [in the LTC] for just one day and be outside.*

#### 4.1.8. Physical exercise activities

There were three informal physical exercise activities (“walking,” “playing table tennis,” “practicing circus skills”) and three formally organized physical exercises (“morning exercises,” “fitness classes for residents with reduced mobility,” “sports meetings”). Residents engaged in informal physical exercise activities within their capabilities.

Not all residents participated in the formal physical exercises activities organized by their LTC institution, while others experienced or overcame bodily problems in order to participate in activities that were especially physically demanding. Acceptance of their current health status and trying to achieve what was within their capability and allowed in the LTC setting were prerequisites for physical and social activity participation. For example, when asked about her routine activities in LTC, a 92-year-old woman in Beijing with a stick in her hand was very proud when giving the following account of what she could do with her legs:

*I really would like to join other residents in the morning exercises. But I have problems with my feet and I can’t stand up for a long time. I can only sit with [those in the morning exercise session] and exercise my arms a bit in the wheelchair. But I do walking exercises around the LTC lobby. I count my steps. It takes one hundred steps to make one circle of the lobby. I walk ten circles a day. That*

*amounts to a thousand steps. That's real exercise for me. I feel happy after completing ten circles.*

#### 4.1.9. Financial management activities

It was clear from the study's data that residents undertook various informal financial management activities in the LTC institutions. Ten residents spoke about managing their bank accounts, others about paying medical bills, and those with a house or apartment rented out checked monthly whether the rent had arrived on time. Eight of the 40 interviewees talked about how they managed to pay the costs of LTC. For example, one resident in the private nursing home rented out his old apartment in order to pay the bills in the LTC institution in which he now lived.

#### 4.1.10. Computer-related activities

Computer-related activities were all informal in this study. According to the residents, computers and especially the presence of the Internet gave them a new opportunity to stay connected with their family, friends, and the outside world, with the corresponding potential to reduce feelings of loneliness and isolation. The experience of connectedness and togetherness with the wider community was explicitly expressed by three interviewees. One, an 83-year-old who used to be a researcher in physics, often went online and stated the following:

*I don't like doing morning exercises because it's too cold outside now in Beijing. I prefer staying in my room and looking up some information online. I like to explore what is outside the LTC institution and what the latest technological developments are. I'm concerned about genetically modified food and what our scientists are doing in space.*

### 4.2. Changes of social participation after relocation to LTC

Changes in social participation following individuals' relocation to LTC were classified into three domains: freedom from daily chores, increased choices regarding companionship, and the replacement of old hobbies with new ones developed in the LTC institution.

#### 4.2.1. Freedom from daily chores

When asked about any changes in social participation they engaged in following their relocation to a LTC institution, a few residents mentioned having more “free time” since they moved to the institution. The activities in the domain of household chores were perceived to have decreased considerably, while “being too busy with work,” “taking care of grandchildren,” and “household chores taking up too much time” were phrases that were often used in relation to their earlier activity patterns prior to moving into the LTC institution. One 81-year-old woman seemed much happier when describing her new life in LTC:

*Before [coming to LTC], I had to cook for myself. Going to the market for shopping and washing and cooking the food were too energy consuming for me. Now, things are much better; there are people here who cook for us, three meals a day. I have more time to myself to participate in the activities organized here.*

More free time also enabled LTC residents to revisit old hobbies that they had first pursued in previous stages of their lives. An 86-year-old man who used to be a hairdresser described his former job as “too time consuming.” When asked about his activity participation in the LTC, he commented:

*I have a lot of things to do by myself. I don't like joining others for exercises. I'm kind of a loner and enjoy the time I do the exercise by myself. That's not because I don't like being around others. It's just that others can't do the things I like. I can do what the circus performers do, like throwing four balls at the same time, diabolo, sword dancing, and walking on stilts. These are the hobbies I've developed since childhood, and I did not have time to do them because I was too busy with my job before retirement. Being a hairdresser was too time consuming; I had to stay in the shop all day long. Now, living in the nursing home, I have time to do these activities again.*

#### 4.2.2. Increased choices regarding companionship

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Residents stated that an increased choice of companionship activities with other residents changed their social participation. However, mixed feelings about this change were reported: some people found it a blessing to have more companionship in later life, while others thought their privacy was compromised. One woman, aged 75, who had been residing at the LTC institution for less than six months, described herself as doing more leisure activities such as playing mahjong because it was now easier to meet the requirement of having four people in a game:

*I have more fun after having moved here. I used to be afraid of being old, afraid of getting ill. I felt like the older I became, the lonelier I would be. But now, with many companions here, I feel happier when hanging out with them. After getting older, your family has their own business to attend to. Having some friends with the same hobbies means the whole world to you. Here, when people feel like playing mahjong, they just ring me or knock on the door, saying, "We are now three people. You wanna join us for mahjong playing?" So I go to play mahjong with my friends. It is so easy to make it. But, if I were still living at home, it's not that easy to have four people to play mahjong together.*

During another interview, one woman (aged 79), who used to be the president of a primary school, disclosed that she had recently been diagnosed with cancer of the kidney and ureter, and proclaimed that living in a group and having companionship from peers had given her the confidence to confront the disease:

*I just finished chemo treatment this morning, but I feel good now. I had my left kidney and ureter cut off. The singing group, for me, is happiness in my life now. I joined this singing group voluntarily and I like the feeling of being part of something bigger. I'm also able to find the confidence to beat the cancer and keeping going on in order to have more days with my friends in the singing group.*

### 4.2.3. Replacement of old hobbies with new ones developed in LTC

It is important that older people are able to continue to pursue hobbies and activities that they have enjoyed in their earlier life stages prior to relocating to a LTC institution. However, six interviewees in our study commented that they were unable to continue with their previous eating habits; one woman, who was born in Sichuan and enjoys spicy food, said that she disliked the meals served in the restaurant in the LTC institution and that her own way of cooking spicy food was what she wanted. Another woman, aged 89, was concerned that she would not be able to continue needlework because her eyesight was failing.

What also became clear from our interview data, though, was that residents were keen to partake in more formal activities (i.e., those organized by the LTC staff) than they would have done prior to relocating to a LTC institution. In LTC, they were able to participate in a wider range of activities than they would have been able to experience if they had remained at home and living independently.

One 78-year-old woman relayed the following when describing her change of social participation patterns following her relocation to LTC:

*There are a lot of activities organized here. I have access to many things that I wouldn't be able to do if I continued to live at home: playing table tennis, doing handiwork, and computers! Now I feel like [there is] a lack of time to do all of these things. Can you young people lend some time to us elderly?*

## **5. Discussion**

Despite an increasing body of knowledge emphasizing social participation for the enhancement of physical and mental health (Kanamori et al., 2014), information regarding social participation patterns among LTC institution-resident Chinese older adults remains insufficient. The first objective of the present research was to help establish a portfolio of residents' social participation in LTC, adding to Putnam et al.'s (2013) analysis of activities undertaken by older people residing in the wider communities. Our findings suggest that older adults, including the oldest-old, in Chinese LTC institutions engage in a wide range of formal and informal participation activities, challenging the social deficit model of prior socio-gerontology studies emphasizing older adults' limitations (Bennett & Ahammer, 1977) and the trend toward a premature exit from a socially engaged lifestyle. As is shown in our data, people tend to retain or revisit their old habits and routines after relocation to a LTC institution, and even begin to engage in new activities because LTC institutions provide formal participation opportunities to which community-dwelling older people may not have access.

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Our study also challenges previous research that describes LTC facilities as stigmatized places of inflexible routines that lead to identity loss, a decline in self-esteem, and a reduced sense of personhood (Persson & Wästerfors, 2009; Ryvicker, 2009). In fact, the loss of an active lifestyle could just as likely happen through health decline, irrespective of the affected individual's place of residence. Furthermore, our study's interviewees spoke of making use of the social role of LTC's fixed dining routines and of socially engaging with other LTC clients or residents in nearby neighborhoods. Relatedly, an earlier study based in a Canadian LTC institution showed that elements of the dining experience such as number of dining companions and autonomy in relation to food were significantly correlated with LTC residents' quality of life (Carrier, West, & Ouellet, 2009).

In our research, the oldest-old were also identified as being likely to engage in informal social participation, a finding that may be explained from the perspective of socio-psychological theory. "Agency"—defined as the capacity to make one's own choices and act correspondingly, or setting one's own norm instead of being "normed by others" (Coleman, 2011)—has been found to be especially valued by older individuals, particularly frail, oldest-old people with limited mobility. Such individuals will, for example, skip formally organized exercise sessions, preferring instead to do exercise at their own pace and within their specific abilities. In this context, our study's finding contributes to research on older adults' social participation by taking into account the everyday reality of frail older people (especially the oldest-old) residing in LTC institutions and identifying the potential for them to realize the goal of active and healthy aging through enduring participation in informal activities that are meaningful for them.

In our study, low-key participation without direct contact with others (e.g. daily living activities and festival celebrations observation) are found to be important participation domains for older frail people. In terms of interpersonal exchange activities, the residents in our study especially enjoyed family visits and opportunities to explore their institution's surrounding neighborhood. This corresponds to the transcendence model of aging (Wadensten & Carlsson, 2003) and the theory of socioemotional selectivity (Carstensen, 2006), which argue that, as people age, they tend to give priority to intimate relationships over superficial ones. Moreover, our study found that residents remain interested in participation at the community level if they have easy access to outside spaces and an open LTC culture that encourages more interaction between residents and the nearby community.

Our second research objective was to describe self-perceived changes in social participation following an individual's move to LTC. Our results indicate that LTC institutions offer residents a freedom from daily chores, increased choices regarding companionship, and the replacement of old hobbies with new ones. This discovery of freedom from daily chores echoes existing research showing that the dominant feeling experienced after relocation to LTC is a sense of security and relief (Reed & Payton, 1996), which seemed, in our study, to be

related to not having to worry about daily chores such as preparing meals and managing a household.

Secondly, our interviewees' perceiving a greater sense of companionship in social participation following relocation to LTC may be related to the fact that residents can often experience a sense of togetherness (Nyman & Isaksson, 2015). A feeling of belonging within groups of residents in the same LTC institution was observed, and support from peers was easily accessed through joining organized social participation. The importance attached to greater choices regarding companionship after relocation could originate from the collectivism heritage of Confucianism that is at the center of traditional Chinese culture (Kim, 2007). Older Chinese people are immersed in and greatly influenced by Confucianism, which emphasizes the existence of people only in relation to others (Yum, 1988), and might explain why participants in our research enjoyed the idea of raising pets together and why a cancer patient seemingly recovered the will to live by joining a group. Correspondingly, the cultural element of filial piety, or "xiao" in Confucianism (Laidlaw, Wang, Coelho, & Power, 2010), may offer one explanation as to why residents experience negative emotions following their relocation to a LTC institution. Filial piety, the moral and social expectation of intergenerational interdependence, is a primary pillar of care support for the aged in China (Peng & Wu, 2015). It emphasizes the responsibility of taking caring of one's parents when they are old, and the elderly may feel abandoned if their children fail to meet these expectations.

The third self-perceived change that our interviewees reported of losing old hobbies might be explained by considering a coping strategy of LTC institution residents referred to as "passive acceptance" (Porter & Clinton, 1992). The public nature of LTC institutions poses some limitations and constraints, and residents have to get used to a new living space. For instance, some residents will enjoy the convenience of a public LTC restaurant and forgo their usual eating habits. Similarly, new hobbies will be developed as residents try to make the best of available resources (Lee et al., 2002). In our study, many residents happily affirmed that there were formal activities for them to participate in, while frailer individuals who were unable to join in the formal activities focused on what they could do and attached importance to the informal activities within their abilities.

At the policy level, our study points to the real potential of active and healthy aging discourse in the LTC setting (World Health Organization, 2015). Whereas the majority of prior studies concerning social participation have been carried out among community-dwelling adults or from a middle-age perspective (Liang & Luo, 2012), the present research can help policy-makers understand the actual status quo of social participation among institutionalized older people in an urban China setting—with our results deviating from those that have described the LTC setting as a stigmatized place void of energy. While we acknowledge that there may be a possible bias in our research, given that the two LTC institutions involved in the study both have ample monetary and human resources to organize activities for residents,

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we nonetheless propose that LTC institutions have the potential to enhance participation opportunities for their residents. Acknowledging that social participation plays a crucial role in maintaining or increasing older people's functional ability, our study provides promising answers to the question of how to promote social participation in circumstances of dependence in later life in LTC settings through a combination of understanding individual intrinsic capacity, relevant environment characteristics, and interactions between older people.

However, three limitations should be noted. First, our study sample only involved older people from two LTC institutions in urban areas, and so did not take into account those who live in rural areas and make up the majority of the older population group in China. Second, the sample size was relatively small, and a larger sample size of LTC institutions might elicit different results, and social participation profile established in this study could be expanded and made more far reaching by including additional Chinese LTC institutions—for example, the category of “religious activities” chronicled in the literature review was not indicated in the present research. Third, the positive response we found regarding the change of social participation after relocation to LTC could reflect a self-comporting mentality, a coping strategy utilized when individuals cannot change a reality to which they might have an aversion.

## 6. Conclusion

This study unravelled the different domains of (informal and formal) social participation among institutionalized older adults in LTC settings in two Chinese cities: Beijing and Suzhou. Residents reported experiencing an increased participation following their relocation to LTC institutions and participated in a wide range of activities.

Three changes in social participation were perceived by LTC residents following relocation: a freedom from daily chores, increased companionship through social participation, and the replacement of old hobbies with new ones developed in the LTC institution. In particular, organized courses and activities lead by staff gave LTC institutions' residents opportunities to try out things to which they would have had no access if they had stayed in their own house.

## 7. Relevance to clinical practice

This study's findings suggest that practitioners should take into account older residents' potential physical and cognitive abilities in terms of partaking in a variety of social

participation activities informed by their lived experience. Social participation in LTC institutions should be meaningful activities for each individuals with their specific expectation, wishes and dreams rather than being restricted to physical activities. LTC staff and nurses can also encourage and support informal social participation initiators in addition to formally organized activities as older adults report to be motivated to join informal activities organized by their peers. For older frail residents, practitioner can support their basic living activities like clothing and feeding themselves as they report to feel “alive” when being able to accomplish even the simplest daily routines. Soical participation such as civic activities such as philanthropy donations are also reported a source of meaning of life for older frail adults.

Additionally, LTC management staff and clinical practitioners should take into account older residents’ social participation changes following relocation. Social participation programs devised and encouraged in LTC need to provide choices for life to be lived at all stages (Clarke & Warren, 2007), and understanding the current reality of older residents’ social participation and change of social patterns after relocation to LTC is a first step toward realizing their potential for physical, mental, and social well-being from a life-course perspective.

## Acknowledgements

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## Conflicts of interest

The authors declare that they have no conflict of interests.

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**Table 3.1** Descriptives of participants

Personal characteristics	Public LTC institution, Suzhou				Private LTC institution, Beijing			
	Group 1	Group 2	Group 3	Group 4	Group 1	Group 2	Group 3	Group 4
Age (mean)	85.6	83.2	89.8	86.24	92.4	83.2	85.6	87.1
Number of participants	5	5	5	5	5	5	5	5
Gender (female)	0	5	5	5	0	0	5	5
Length of residency in LTC (years)	12.1	11	9.8	15.3	2.3	1.4	2.2	1.87



**Table 3.1** Social participation in Chinese LTC institutions

Activity domain name	Domain definition
A. Health risk behavior activities	activities that harms one's physical and mental health
B. Basic living activities	daily routine activities related to basic function
C. Civic activities	activities that require people to engage in formally organized activities in order to fulfil one's civil role
D. Leisure activities	activities chosen according to individual will to spend spare time; in this analysis, this exclude activities in other domains like physical activities
E. Household chore activities	activities done in order to administrate, maintain or improve household
F. Helping others' activities	providing assistance to other individuals including family members, friends, co-inhabitants or the disadvantaged in society
G. Interpersonal exchange activities	activities that involve person-to-person contact
H. Help-seeking activities	activities related to obtaining assistance or support for improvement of physical or mental health or other care needs
I. Physical exercise activities	activities for the sake of physical exercise
J. Financial management activities	activities related to individual or familial fiscal management
K. Computer activities	activities that involve usage of computers without an explicit aim, such as emailing others

Table 3.2 *continued*

Informal participation	Formal participation
alcohol consumption	none
sleeping; get dressed	scheduled meals in LTC;
regular donations to help students from economically-disadvantaged families	making breakfast
playing piano, singing, watching television, playing majhong, seeing movies, reading newspapers, visiting nearby neighbourhood, painting, playing cards , travelling both in China and abroad, reading books	singing get-together, making paper flowers, calligraphy practice, painting, cusine sharing event, playing games,
tidying the room	keeping pets
Help deliver meals for mobility-restricted neighbours in LTC;	none
chatting with co-inhabitants, family/friends visiting	afternoon tea conversations
None	seeing traditional Chinese medicine (TCM) doctor
walking, playing table tennis, practice circus skills	morning exercise (Taiji), fitness for pleasure (by old frail people), sports meeting
managing bank accounts, receiving rent , paying medical bills	None
surfing the Internet	None



**Chapter 4. Motivators and Barriers to Social  
Participation in Chinese Long-Term Care: A Focus-Group  
Study**

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This study has been submitted to *Journal of Health and Social Care in the  
Community*

## Chapter Abstract

**Background:** Increasing older adults' social participation has been an important interventional goal for health professionals. However, research on motivators and barriers to social participation among older residents in Chinese long-term care institutions is scarce.

**Objective:** To understand the motivators and barriers to social participation in Chinese long-term care institutions, from the perspective of older residents' themselves.

**Design:** Semi-structured focus group interviews were used to collect data.

**Settings and Participants:** Forty respondents were recruited from residents of one public long-term care institution in Suzhou and one private long-term care institution in Beijing. Inclusion criteria are older residents aged 60 and above with ability to articulate themselves regardless of their physical or mental health. Those who have lost language or communicational ability were excluded.

**Method:** Eight focus group interviews (n=40), using a semi-structured interview scheme, were conducted with 40 older residents. Interviews were recorded and transcribed verbatim. Inductive thematic analysis was adopted to guide codes development.

**Findings:** The results of the inductive analysis show that older residents' motivators include pursuit of healthy ageing (better physical and mental health) and pursuit of meaningful ageing (sense of achievement and being useful, increased connectedness and realization of dreams from earlier life). The reported barriers illuminate structural components such as life-course experiences, long-term-care related barriers and Chinese policy-related barriers.

**Conclusions:** Successful interventions to increase social participation level among institutionalised older residents requires an understanding of the multidimensionality of motivators and barriers informed by residents' lived experiences. Social participation and active ageing in long-term care institution is more than just healthy ageing and it is also related to meaningful ageing. Long-term care institution staff and policy makers are recommended to initiate and support meaningful activities for residents and the goal of participation cannot be merely keeping residents busy. Residents' individual dreams and accumulated life-course disadvantages experienced long before their admission to LTC should also be considered when devising effective interventions to increase residents' level of social participation.

**Keywords:** social participation; long-term care; China; barrier; motivator, focus group, inductive thematic analysis

# 1. Introduction

China is an ageing giant. The country houses one fifth of the world's total ageing population (United Nations, 2017) and is faced with challenges in its long-term care (LTC) provision. First, the number of older people in need of LTC residency is increasing. Older adults aged 60 and above have taken up 17.3% of China's total population, reaching over 240 million by the end of 2017 (Ministry of Civil Affairs of the People's Republic of China, 2018). Second, informal care provided by adult children is the main form of LTC as this is culturally prescribed by the Confucianist value of filial piety (Laidlaw et al., 2010). However, informal care provision for older adults is lately under pressure due to the one-child policy (Flaherty et al., 2007) and unprecedented urbanisation resulting in young people moving to big cities and leaving older parents at home (Feng et al., 2012; Wong & Leung, 2012). Third, current number of Chinese LTC institutions cannot meet the needs of its ageing population (Du, 2015) even though the number of these institutions has more than doubled from around 3 million in 2010 to more than 6.7 million by the end of 2015 (Ministry of Civil Affairs of the People's Republic of China, 2015). Also, compared with community-dwelling older adults, Chinese LTC residents experience lack of quality care (Wang & Wu, 2016), and report higher mortality rate (Luo & Waite, 2014). Existing research has pointed out that care quality in Chinese LTC institutions is comparatively low because of lack of regulation (Shum et al., 2015), insufficient funding (Hao et al., 2012), poor staff-resident ratio (Hao et al., 2012) and lack of staff training (Feng et al., 2012).

To meet the challenges of ageing well in later life, the World Health Organization (WHO) has put forward social participation as an important part of well-being in later life in their policy frameworks of Active Ageing in 2002 and Healthy Ageing in 2015 (WHO, 2012 & 2015). Social participation is also recognised in existing research as beneficial for older adults' physical and mental health (Bourassa et al., 2017; Grönstedt et al., 2013), decreased mortality rate (Minagawa & Saito, 2015), reduced feelings of unsafety (De Donder et al., 2012) and less frailty in later life (Duppen et al., 2019b). Social participation is defined by WHO as "participation in social, economic, cultural, spiritual and civic affairs" (WHO, 2002, p12). In addition to WHO's definition, this article categorises social participation into formal and informal participation (Pan et al., 2018). Formal participation refers to attending organized activities (e.g. volunteering) and informal participation as those started by older people themselves. Formal participation, such as volunteering is found to be helpful in promoting one's identity and self-worth (van Ingen & Wilson, 2017), and positively correlated with social integration (Dury et al., 2015). Satisfaction with informal social participation is beneficial for older people's psychological wellbeing and health-related quality of life (e.g., Kang & Ahn, 2014).

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Existing studies exploring social participation in LTC institutions are mostly carried out in western settings and are often restricted to physical activities (Benjamin et al., 2014). As an example, research in the United States and Australia shows that residents in LTC settings have low levels of physical activity participation and engage mostly in passive activities, like watching television (Egerton & Brauer, 2009; Ice, 2002). To our best knowledge, other forms of social participation (i.e. other than physical activities) such as volunteering, philanthropy donations and intellectual activities (e.g. submitting articles to newspapers) are often neglected in current LTC research. The few existing studies investigating social participation of older LTC residents conclude that a broad definition of Active Ageing can be a relevant and important framework for LTC facilities in their pursuit of a better quality of life for their residents (Van Malderen et al., 2013). Possibly reduced function ability in older adults does not necessarily prohibit them from active ageing and doing activities that are meaningful to them (Van Malderen et al., 2013). Social participation can, for example, stimulate the self-value of people who often suffer from stigmatised identities (McKeown et al., 2012). In light of these considerations, the current paper will focus on social participation among LTC residents, and investigate what motivates older residents to participate, or which barriers they experience.

Barriers to physical activity or exercise participation, identified in existing research, are related at resident individual level and as well as the organizational level (Benjamin et al., 2014). Resident-related barriers include fear of falling (Chen, 2010) and past history of sedentary lifestyle (Chen, 2010) while organizational barriers lack of support from staff (Benjamin et al., 2014) and rigid institutional routines (Benjamin et al., 2011). Earlier research on motivators to participation in LTC facilities are mostly examined from psychological perspectives such as self-determination theory (Altintas et al., 2018) in western countries. To our best knowledge, motivators to social participation in LTCs are seldom examined from social gerontology and nursing studies.

To date, no study has yet focused on older LTC residents' motivation and barriers to social participation in mainland China. Nevertheless, research exploring such motivators and barriers to social participation in LTC in the context of mainland China is needed as Chinese older adults, influenced by Confucianist teachings might experience and interpret social participation differently from western counterparts (Millay & Streeter, 2004). For instance, while western adults value participation and connection with the wider society as an importance aspect of participation, older Chinese put more emphasis on familial participation (Dong et al., 2012). In addition, of the available research in Chinese LTC institutions, the institutional hierarchical context is found to be detrimental for older residents to forge meaningful relationship with co-habitants (Cheng et al., 2009). Moreover, the experience of relocation is reported by older adults to bring personal disgrace and feeling abandoned by their adult children (Lee et al., 2002). Inclusion of residents' experience in this matter is of importance as a growing number of researchers recognise involving older people's experience can help understand complex health or social problems (Ward & Barnes, 2016).

Conclusively, the purpose of this study is to explore residents' self-perceived barriers and motivators to social participation not restricted to physical activity participation, in the context of LTC institutions in mainland China.

## **2.Methods**

### **2.1 Design**

This study adopted the research method of focus group interviews because it facilitates a wide range of answers and provides a forum for participants to discuss and explore experiences (Boger et al., 2015). COREQ (Tong et al., 2007) was followed during the research process. The focus groups were conducted by the first author who had received rigorous academic training of how to conduct focus group interviews. She was a Ph.D. candidate in the field of aging and older adults' social participation. She conducted the focus group interviews and made field notes of the research following a semi-structured scheme in between May and June 2016.

### **2.2 Ethical Considerations**

The study followed Guidelines of Human Sciences Ethical Committee of Vrije Universiteit Brussel and respected the European Framework for Research Ethics (European Commission, 2013). Since the research included only competent human subjects and did not invade the participant's integrity, no additional approval was needed by the committee (Vrije Universiteit Brussel, 2018). Informed consent forms were given to all participants, who were notified of the aim, content, and duration of the research as well as their rights of privacy, anonymity, and to withdraw from the research at any time if they felt uncomfortable with the questions posed by the researcher.

### **2.3 Sample**

Two LTC institutions participated in this research. One was a public LTC located in Suzhou, an economically developed city in southern China. The other LTC was a private institution in

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Beijing, the capital of China. Potential participants were purposively recruited on a voluntary basis without remuneration. The inclusion criteria were that residents aged over 60 could articulate themselves regardless of their physical or mental health. With the help of nurses, we excluded those who had lost language or communicational ability resulting from severe cognitive impairments (e.g. late-stage Alzheimer). In total, eight focus groups (n = 4, Beijing; n = 4, Suzhou) were formed. As detailed in Table 1, 15 men and 25 women participated in the research. With 40 participants we achieved data saturation according to the requirements of qualitative research methodology (Ando et al., 2014).

### 2.4 Procedure

Each focus group was conducted by the first author whose mother tongue was mandarin Chinese. The first author posed questions and made field notes. A registered nurse familiar with the focus group participants was present to help facilitate the focus group interview by being a translator when necessary. For instance, the local dialect of Suzhou was mixed with mandarin (official language of Chinese in mainland China) by some residents. The registered nurse would help translate a few words in Suzhou dialect into mandarin Chinese. Three rounds of questions were asked to elicit residents' experience about barriers and motivators to social participation in LTC. In the first round, the researcher introduced herself and the aims of the research. Interviewees were asked about how they spent a typical day in the LTC. There were several sub-questions in this round. For example, when, and with whom did they engaged in the activities? Who organized the activities they engaged in? For the second round, questions were asked with the aim of discerning the motivators and barriers to their social participation. Participants were asked about the reasons that they participated in activities and what they liked most about the activities. Respondents were also asked about why they did not engage in some activities, what activities they missed in LTC, what activities they would like to do but were not possible in the LTC and why it was not possible to do these activities. In the last round, more general questions probing into the social participation were presented to encourage participants to provide their opinions about social participation in LTC. The broad questions were "What was your favorite day in the LTC since you relocated?", "What were the aspects that made you enjoy living here?" and "What were the moments when you disliked living here?". The average duration of the focus interviews was about 1.5 hours. The content of focus group discussions was recorded and transcribed verbatim afterwards.

### 2.5 Data Analysis

All residents participated anonymously, with their surnames replaced in the analysis process. Transcribed data analysis was conducted using inductive thematic analysis, based on stages of the Qualitative Analysis Guide of Leuven (Dierckx de Casterlé et al., 2012). The analysis part was completed in two parts. The first part was the preparation for coding process by two authors whose native language was mandarin Chinese. They reviewed the transcribed texts carefully and made constant comparisons by reading forward and backward between interviews. The objective of this stage was to gain familiarity with the interviews and form a holistic narrative of each focus group interview.

The second part of the analysis was coding process using the qualitative research analysis software of MAXQDA (VERBI Software, 2017). It comprised drawing up the key concepts, coding (linking relevant fragments to appropriate codes), analysing the concepts, extracting interviewee stories and/or words, and, lastly, describing the results.

### 3. Findings

Table 4.1 shows the personal characteristics of the participants. Average age was 86.7 years old, ranging from 76 to 100 years old. Average length of living in the LTC was 5.72 years. Using a self-assessment question, 10 residents perceived their health status to be “very good,” 13 “good,” 9 “fair,” and 8 “poor.” Regarding mental health, 12 residents were self-rated as “very good,” 16 “good,” 6 “fair,” and 6 “poor.”

The analysis revealed that older residents were motivated to engage in activities mainly in pursuit of healthy ageing and meaningful ageing. The barriers were life-course changes, LTC-related barriers (e.g. far away location) and Chinese national policy-related barriers.

#### 3.1 Motivators to social participation

##### 3.1.1 Pursuit of Healthy Ageing

The inductive analysis shows that older residents engage in social participation within LTC out of consideration of improving their mental and physical health.

One of the motivators mentioned by research participants was that they felt their mental health could be improved. They talked about: fun seeking, seeking confidence to combat disease, aiming to reduce their loneliness and seeking relief of mental pains. Fun and happiness were the often-mentioned words in their answer. An 85-year-old woman described her participation in painting as “a quiet pleasure”.

*I attend these activities because I'm very happy when joining people. I'm happy when I watch people in the sports meeting, in the food-court, in any festive activities. Whenever there is a festival, I'm happy. (woman, 91-year-old)*

One resident added that being in the singing group helped improve her mental status and gave her confidence to combat her physical illness.

*I'm a cancer patient and I need to find a group that I belong to. Being integrated to the singing group greatly improved my mental status. I just finished chemo treatment this morning, but I feel good now. I had my left kidney and ureter cut off. The singing group, for me, is happiness in my life now. I joined this singing group voluntarily and I like the feeling of being part of something bigger. I'm also able to find the confidence to beat the cancer and keeping going on in order to have more days with my friends in the singing group. (woman, 79-year-old)*

Self-perceived reduction of feelings of loneliness was also reported in the interview. A man aged 87 relayed the following about the singing group:

*I don't feel lonely after I joined the singing group. Without the singing group, even if we live under the same roof, we don't have the chance to get to know each other. I'm very happy that I joined this group. I once read in the newspaper that some research says those older men who stay at home and don't go out to participate in activities have a higher chance of depression.*

There were other participants describing that being happy by doing activities was their way of facing peers pass away and dealing with inevitable loss in life.

*I want to die without pain. We had supper together and everyone was happy. The next morning, I woke up, I heard people say someone passed away. This someone just had supper with me last night. Once I went back to my old house for some time, when I came back, I found a neighbor passed away; he was younger than me. Death is not a taboo here. We always say to each other that we live every day happily. If one day I were to leave this world, I wish I won't be tortured for too long by pain. (man, 94-year-old)*

Second, a number of participants expressed that attaining good physical health motivated them to participate in activities. They also described that pursuit of better physical health was

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their way of facing loss and decline, which were quite “normal” in later life. A 92-year-old man described that “diseases developed in later life are very normal just as the machine will go wrong after long time of usage; the houses can also develop problems”. Another 86-year-old woman relayed “*Life exists in doing exercises. I hope that I can have a healthy body by participating in these activities.*”

Two residents mentioned that organized visits from traditional Chinese medicine (TCM) doctors served as another motivator to pursue a healthy lifestyle. According to them, LTC staff would invite on a regular basis renowned TCM doctors to the LTC to give health sessions for the residents.

*I like the acupuncture doctor invited here by the LTC. He's the fourth-generation descendant of a TCM master. He could treat most pains in my back and leg. I hope he could come more frequently. I do exercise according to the instructions of the TCM doctor. (woman, 76-year-old)*

### 3.1.2 Pursuit of meaningful ageing

We discovered that the pursuit of meaning in life served as an important motivator to social participation of older residents in Chinese LTCs. According to the residents, sense of achievement and being useful, increased connectedness and realisation of dreams or hobbies from earlier life motivated them to participate in activities.

Despite falling health conditions, some residents expressed willingness to participate in the workshop of making handicrafts organized by LTC staff. According to an 88-year-old woman, she felt extremely joyful and felt a sense of achievement and being useful after having finished a piece of art work.

*I like playing table tennis, singing and whenever there's any event going on in the LTC, I want to join. But my eyesight is worsening, and I cannot see things very clearly. I spend time making flowers every day. There used to be about ten people in the group of flower-making but now there is only me in the group. I could not be happier when I finished making a pot of flowers. Looking at the flowers, I feel like I did not waste my day and achieved something.*

However, not all residents were able to attend the organized activities in the LTC. For those with poor physical health, regular morning exercises were too demanding. For instance, an old woman aged 84 lamented to the researcher about not being able to join organized morning exercise but she later added that she was still motivated to do activities because doing activities made her feel “not worthless”. Quite a few frail old residents described self-worth as their motivation to be engaged in daily activities even though they were highly dependent on LTC staff.

*I do walking exercises around the LTC lobby. I count my steps. It takes one hundred steps to make one circle of the lobby. I walk ten circles a day. That amounts to a thousand steps. That's real exercise for me. I feel happy and useful after completing ten circles. (female, 92-year-old)*

Second, the pursuit of increased connectedness was noted on two levels: connectedness with the LTC itself, and connectedness with fellow LTC residents. First, a few residents expressed that they would like to engage in the activities in the LTC out of a desire to make LTC more like their home.

*I treat it here (LTC) as my home not as a nursing home. That's why I attend activities here. This nursing home becomes better or worse, which concerns all of the members in this home. (man, 92-year-old)*

Research participants also reported increased connectedness with LTC co-residents, which provided encouragement and inspiration for non-participants to become participants in different activities. Research participants often mentioned that many activities in LTC were informally organized by active residents rather than LTC staff.

*After retirement, I've lived in my own house for a few years. I never played majhong then. After moving here, there would always be people calling me to play majhong with them. They would say that*

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*there are only three people on the majhong table. Without me, they were not able to play majhong. After hearing that, I would go. Otherwise I would be bored alone in the room. (woman, 79-year-old)*

Finally, being too busy, no time, and occupied by work and children were the phrases often mentioned by residents when they described their earlier life. Residential care freed residents of daily chores like cooking and cleaning. Some residents said they were motivated to pursue hobbies or dreams that they developed in earlier life.

*I can do what the circus performers do, like throwing four balls at the same time, diabolo, sword dancing, and walking on stilts. These are the hobbies I've developed since childhood, and I did not have time to do them because I was too busy with my job before retirement. Being a hairdresser was too time consuming; I had to stay in the shop all day long. Now, living in the nursing home, I have time to do these activities again. (man, 86-year-old)*

### 3.2 Barriers to social participation

Three themes of barriers to social participation emerged in the analysis of the focus groups, i.e. life-course changes, LTC-related factors and national Chinese policy-related barriers.

#### 3.2.1 Changes from a life-course perspective

In the analysis, a distinction could be made between recent life-course changes or long-term, accumulated life-course changes. Recent life changes included physical health decline and accumulated life-course change related to the structural barriers residents experienced in their early life.

As for recent life changes, declining physical health was such a recent life-event. Respondents told the researcher that they could not participate in the organized activities

mainly because of failing physical health such as worsening vision ability, throat problems, feet pain, etc.

*I couldn't join the activity of chuan zhu zi (putting beads on a string) because of my falling eyesight. (woman, 89-year-old)*

*I like the activities organized by the LTC. Actually, I'm very fond of singing. But my throat is not that good and I have laryntitis. So I quit the singing activity now. (woman, 78-year-old)*

In addition, also life-events which happened many years ago still influenced their non-participation today. When asked about what activities or hobbies they pursued in the LTC, a few residents commented they had a laborious earlier life and no time to develop a personal hobby. One resident said that “having a hobby is a luxury”, and another aged 89 further described that “the times when we grow up and live were so poor that ordinary people cannot afford a hobby. My popo (mother-in-law) used to shout at me if I spend a little time reading books, just a little time. She only wanted me to do farming to feed the kids”. It can be seen from their descriptions that life-course changes accumulated from residents' early adult years still posed a barrier for their participation in later life.

*Interviewee: I used to have a job in the medical care industry. I had no time to develop a hobby. Now I moved into this LTC because there is no one else at my house now. My kids are now living in America and if I continue to live at home, they would be very worried about me. (woman, 82-year-old)*

*Interviewer: do you do some activities here in the LTC?*

*Interviewee: not that much. I've told you that I didn't have a hobby. I didn't sing or dance as well as others. If I go, I'm afraid that I would be ashamed of myself if I didn't sing well. I didn't have a hobby like others. Mr Wu likes doing diablo but I don't have a hobby like that.*

### 3.2.2 LTC-related barrier

Residents commented that, compared with living at their own house, they had more opportunities to participation in various organized activities such as dancing courses, writing courses, workshops for handicrafts and so on. They added that they would otherwise have no access to these activities if they remained living self-reliantly. Although they clearly appreciated the offer in the nursing home, the residents also experienced specific barriers related to the LTC institution such as a faraway location, and activities are a non-priority in institutional policy.

First, the two researched LTCs were situated in suburbs of Beijing and Suzhou and the residents complained about their faraway location from city center and not convenient for their friends and family to visit. Living too far away from 'everything that is happening' was the complaint from residents.

*The LTC is too far away from the downtown area. It takes too long to come here. There is only one shuttle bus every day (between the LTC and downtown); the transportation is very inconvenient; it's not that easy for my former friends to come and visit me. (man, 90-year-old)*

This connected with the third finding. According to residents, activities and social participation were not a priority in the policy of the nursing home. They, for example, talked about an interruption of funding for activity initiatives or staff change in supervision of a certain activity program, might become a barrier to participation in intellectual activities such as writing articles.

*There used to be a social worker in this LTC. He helped to establish a newspaper for the elderly people. All the inhabitants can write articles and submit to the newspaper. Gao will print the newspaper and give everyone in the LTC a copy of it. But that was in Huqiu (the old location before the LTC moved to the suburb); in 2013 the LTC moved here and the newspaper was also gone. (woman, 88-year-old)*

### 3.2.3 Chinese policy related barrier

It was found in the public LTC in Suzhou that overarching national policy for LTC resident admission posed barriers to social participation among residents. The admission regulation was strict for public welfare LTCs and only those who fulfilled the three “NOs” criteria could be admitted (no family support, no ability to work, no source of income). According to the residents in the public, there were no new residents admitted into the LTC in Suzhou for the past three years.

*The biggest problem for the moment is that there are fewer and fewer inhabitants in the LTC and here the atmosphere becomes less and less lively. The director here is also very anxious about that. It's now increasingly difficult to gather four people together to play Majhong. (man, 79-year-old)*

## 4. Discussion

This study aims to identify residents' self-perceived barriers and motivators to social participation not restricted to physical activity participation. It is among the first studies to explore these motivators and barriers in the context of LTC institutions in mainland China. Findings from inductive analysis on the motivators were structured in either motivators for healthy ageing and motivators for meaningful ageing. For the barriers to social participation, findings were mainly situated within structural factors (i.e. life-course events, LTC structure and Chinese national policy).

Pursuit of healthy ageing serves motivator to social participation in LTC residents. Residents report to participate in activities to pursue better mental and physical health. Reduced loneliness, regained confidence to combat disease, increased feelings of happiness are often the dimensions of better mental health mentioned by residents. Reduced loneliness is in line with previous research stating that increased social participation and social interaction is an active coping strategy to decrease loneliness especially social loneliness (Schoenmakers, 2013). Another motivator of the pursuit of better physical health points to the potential for LTC staff to build on its strength of both formal and informal participation opportunities to help its residents maintain health. As is frequently mentioned by the residents, organized health sessions given by TCM doctors motivate them to participate in activities.

In addition to healthy ageing, the pursuit of meaningful ageing appeared as strong motivator to social participation, which is in line with previous gerontological research on meaning in life (Duppen et al., 2019a). Meaning in later life, for people with reduced social networks, can be experienced in different dimensions such as connectedness, moral-and self-worth, purpose and excitement (Duppen et al., 2019a). Older residents in our research are motivated to socially participate in pursuit of a sense of achievement and usefulness, increased connectedness and earlier life dreams.

The motivator of sense of achievement and usefulness adds to our understanding of residents' compensation and coping strategies for decreasing participation opportunities due to declining physical ability (Carpentieri et al., 2017). For example, severe frail older persons, with low functional abilities, insist on doing basic functional activities by themselves, going to the toilet and dressing themselves. Hence, the findings show that reduced functional ability does not necessarily entail stopping doing activities that are meaningful to older residents. It is crucial for LTCs to create opportunities for residents regardless of their functional ability to engage in activities from which residents can derive a sense of usefulness and achievement. Pursuit of earlier dreams serves as motivator to social participation even for people with high dependency levels. Therefore, it is important for LTC staff to consider each resident's preference, need, dream or expectation when motivating older adults to participate in

activities. Hearing and knowing residents themselves are the prerequisites to motivate them to participate in activities, which is in line with the requirements of person-centered care (McLean et al., 2016).

Another motivator of pursuit of increased connectedness demonstrates the importance of developing culturally-sensitive interventions to promote social participation in Chinese older adults influenced by collectivist values. Chinese people with collectivist values tend to place group interests over individual ones and show a stronger desire of group allegiance than individualists (Qiu et al., 2018). That might explain why residents join formal activities organized in LTC to build a homely residence place. The finding of pursuit of increased connectedness is different from prior research in the context of western societies that aversion to group activity format is a barrier to participation in LTC (Guerin et al., 2008). Another motivator of encouragement and inspirations from co-residents confirms the finding of previous studies that social support from peers' companionship and LTC nurses is one of the strongest predictors for adopting and maintaining physical activity participation (Justine et al., 2013).

Despite the existing of motivators in Chinese LTCs, residents experience structural barriers to their social participation. The barrier of remote life-course events might be explained from the perspective of cumulative disadvantages (Hudson, 2016). A few residents mentioned that they went through times of economic difficulties and having a hobby to pursue in their leisure time is a luxury. For most older adults over 60 years old in China, referred to as the lost generation, have gone through underdeveloped economic times and hardships during the Cultural Revolution (Bonnin, 2009; Sun, 2016). They are more likely to engage in a laborious earlier life trajectory, which restricted them to develop a hobby that they can continue to pursue in later life.

The barriers identified in the LTC-related level (e.g. far-away location, perceived lack of medical resources, inconsistent LTC policy) add to current literature about barriers existing in Chinese LTC (Benjamin et al., 2014). Residents in both LTCs complained of its suburban location which made it difficult for their family and friends to visit. These findings are consistent with existing literature stating that environmental level factors (e.g. LTC physical location) might constitute barriers to activity participation in the organizational level (Benjamin et al., 2014). In addition, non-priority in institutional policy of social participation is considered by ageing residents to be another barrier. As is reported by residents in the public LTC of Beijing, the interruption of an internal newspaper caused residents to lose opportunities of writing and sharing old memories with peer residents. the finding of non-priority in Chinese LTCs responds to prior research stating that priority in LTC staff training, instead of focusing on each individual resident's needs and wellbeing, concentrates mostly on security and skill training to improve institutional efficiency (Wang & Wu, 2016).

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In addition, strict admission regulation of the public LTC in Suzhou poses a barrier to residents' social participation in terms of declining companionship available for residents. For instance, there are no new residents Suzhou LTC for the past three years because of the national public LTC admission criteria of three Nos while there are plenty of vacant rooms. The admission criteria of Three Nos regulate that only people who have no family support, no ability to work and no source of income, are eligible of admission (Leung, 2010). The public LTC in Suzhou is a welfare institute for older adults in need of LTC, funded by the local and central government. The staff report pressure in strict implementation of the admission criteria and complained about their incapability in changing the overarching regulation. In the interview, residents complained of the difficulty in finding enough people to carry out leisure activity. This finding in a sense is consistent with previous international studies that presence of company is correlated with older adults' social participation (Lim & Taylor, 2005).

The empirical study in this paper is liable to some limitations. First, this research only engages older participants in two LTC's in urban areas without considering those living in rural areas, who make up the majority of older people in China with less income resources (Blumenthal & Hsiao, 2005). While the group dynamics of focus group method can generate new thinking and much information in a relatively short time, the inclusion of registered nurse in each focus group may have affected the data by influencing how participants responded to the negative aspects in LTC. It is possible social desirability in the group dynamics has affected the expression of a certain participant with different opinions (Boger et al., 2015). Despite the limitations, focus group discussions have enabled the researcher to interact with residents, pose follow-up questions that probe more deeply into the abstract topic of motivators and barriers to institutional participation.

## 5. Conclusions

The findings have important implications for LTC staff and policy makers. Older adults' motivators and barriers to social participation, informed by their own experience, should be fully understood by LTC staff in order to effectively increase older adults' participation level. LTC institutions can be an empowering place to support and create opportunities for residents in the process of finding meaning through social participation. In that sense, LTC institutions should focus not only on physical health related activities but also devise activities that are meaningful to older residents. Especially, these meaningful activities should be linked with the life-courses of the residents, life styles and the dreams they (still) cherish deep in their hearts. Residents in Chinese LTCs carry out social participation not just to keep them busy but also to find a sense of an achievement and being useful. And LTCs should understand their pursuit in that regard and make it a priority when devising activities. Besides satisfying resident's need for care and nursing, LTCs should also strive for making the institution a home for older residents, an identified motivator for social participation in the study. Besides, the identified barriers can also provide impetus for further recommendations. Nursing homes and relevant Chinese policy makers are recommended to recognize and overcome barriers related to life-course experiences, long-term-care related barriers and Chinese policy-related barriers (e.g. strict admission criteria to public welfare LTC institutions) to maximize opportunities for residents' participation.

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**Table 4.1** Descriptives of participants

Personal characteristics	Public LTC institution, Suzhou				Private LTC institution, Beijing			
	Group 1	Group 2	Group 3	Group 4	Group 1	Group 2	Group 3	Group 4
Age (mean)	85.6	83.2	89.8	86.24	92.4	83.2	85.6	87.1
Number of participants	5	5	5	5	5	5	5	5
Gender (female)	0	5	5	5	0	0	5	5
Length of residency in LTC (years)	12.1	11	9.8	15.3	2.3	1.4	2.2	1.87

**Chapter 5. 'It's Like a Double-Edged Sword':  
Understanding Confucianism's Role in Social  
Participation among First-Generation Older Chinese  
Migrants in The Netherlands and Belgium**

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## Chapter Abstract

While social participation in later life has attracted considerable attention from policymakers and scholars, social participation among older Chinese migrants in Europe is understudied. Using in-depth interviews with 21 older Chinese migrants in the Netherlands and seven in Belgium, this study is among the first to explore older Chinese migrants' social participation experiences from the perspective of Confucianism, the cornerstone of Chinese culture. More specifically, the impact of four acknowledged principles of Confucianism are considered: hierarchical relationships, family system, benevolence and emphasis on education. The findings show that, like a double-edged sword, these four principles have positive and negative effects on older Chinese migrants' social participation. Hierarchical relationships promote formal social participation, yet concurrently dividing the Chinese community into smaller subgroups and endangering solidarity within the community. With regard to family system, which emphasizes intergenerational responsibility and obligation, older Confucianist migrants prioritise taking care of their grandchildren, resulting in less time for formal social participation. Benevolence, the third principle of Confucianism, restrains older Chinese migrants from formal political participation while encouraging them to attend informal community meetings where food is shared. Lastly, emphasis on education, of which self-cultivation is an important aspect, helps older Chinese migrants overcome feelings of loneliness and makes them prefer informal self-learning social above formal learning settings (e.g. language learning) organised by the government. The article ends with policy recommendations on how to increase older Chinese migrants' formal social participation.

Key words: social participation; Confucianism; older Chinese migrants;

# 1. Introduction

Social participation has been on the agenda of policymakers and scholars in the field of ageing since the 1980s. Successful and productive ageing (Morgan 1986; Rowe and Khan 1987) argues that social participation is the key to avoid being disengaged from society and find meaning of life as one ages (Tabet 2016). In the policy domain, the World Health Organization puts forward the principles of active ageing (WHO 2002) and healthy ageing (WHO 2015), emphasising the benefits of social participation and advocating participation as an integral part of active and healthy ageing. Existing literature has identified the role of social participation as beneficial to older adults' mental and physical health (Chen and Janke 2012; Roh et al. 2015), and participation in activities important to older adults' overall well-being and quality of life (Winstead et al. 2014).

Social participation includes participation in formal activities, defined as those that exist in the context of 'codified or prearranged structures' (Barry et al. 2014: 534), and informal ones, initiated by older people themselves (Pan et al. 2018). It ranges from formal activities like attending organised demonstrations and being president or member of a singing club to informal activities such as get-togethers with friends and going to cafés. In this article, social participation refers not only to those activities happening outside the home but also to those inside one's residence, as previous literature indicates that contribution within families such as taking care of grandchildren inside the home is a central part of family dynamics for older people in later life (Du and Wang 2012).

Current policy frameworks and research focus mainly on the benefits of older people's social participation (Adams, Leibbrandt and Moon 2011) in relatively fixed settings, possibly overlooking those with a migrant background (Torres 2002). For example, the WHO (2015: 138) stresses that participation in older people's associations can help realise the goal of healthy ageing agendas as these associations can 'organize regular health check-ups, carry out health-education activities and regular physical exercise sessions, as well as conveying knowledge about healthy living and preventing and managing non-communicable diseases'. Whether this also holds true for older migrants with language and cultural barriers (Cela and Fokkema 2017; Torres 2003) remains unaddressed.

The few social participation studies specifically addressing older migrants in the Netherlands and Belgium restrict themselves mainly to the larger traditional migrant groups such as persons with Turkish and Moroccan backgrounds. From these studies it turns out that social participation – religious participation in particular (Fleischmann, Martinovic and Böhm 2016; Smits, Ruiter and Van Tubergen 2010) – protects Turkish and Moroccan migrants from loneliness (Klok et al. 2017). Moreover, national day participation among older adults of Moroccan, Turkish, Surinamese and Antillean origin living in the Netherlands is determined mostly by their experience with commemoration and celebration in their country of origin

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(Coopmans, Jaspers and Lubbers 2016). In this article we aim to broaden the social participation scope towards Chinese migrants, and towards everyday participation inside and outside the home, including caring for grandchildren, going to dinner with friends and club activities based on membership.

Sporadic studies about older Chinese migrants' social participation are examined from perspectives of loneliness and social exclusion and restricted to English-speaking countries like Australia and the United States. For example, older Chinese migrants in Australia turn out to have limited social participation because of language barriers and lack of transport means (Ip, Lui and Chui 2007). A study by Dong et al. (2012) showed that feelings of loneliness are common among the older Chinese population of Chicago, something often identified in terms of lack of participation in social activities. They acknowledge Chinese culture as having an impact on the perception of loneliness, which is different from Western older adults.

To the best of our knowledge, no study has yet focused on older Chinese migrants' social participation in the Netherlands and Belgium, our topic of interest. Older Chinese migrants have their own distinct culture, based on Confucianism. The definition of Confucianism is the pragmatic ethics and philosophy of daily life (Millay and Streeter 2004; Tang 1995). Existing research has confirmed its immediate relevance for and influence on a wide range of sociological fields among topics not specific to older people: education (Yu and Bairner 2011), communication (Yum 1988), fertility (Tang 1995), etc.

Confucianism could well be relevant for social participation in later life too, as confirmed by previous studies that Confucianism has helped foster an anti-physical social culture among students (Yu and Bairner 2011). Besides, cross-cultural research has confirmed that first-generation older migrants remain invested in elements of traditional Chinese culture (e.g. filial piety; Laidlaw et al. 2010), regardless of the length of time they have been exposed to the culture of the host country (Chuang 2012). Chinese culture may also prohibit older migrants' social participation within the host society. For instance, emphasising an indirect communication strategy – being different from mainstream European society, which values direct universal communication mode (Yum 1988) – might make it difficult for older Chinese migrants to engage in activities with locals. The aim of this study is therefore to explore in which ways Confucianism promotes or poses barriers to social participation among first-generation older Chinese migrants in the Netherlands and Belgium. In doing so, this empirical research contributes to filling blank spots in migration research on older Chinese people and the influence of Confucianism on their social participation.

## 2. Chinese migrants and their Confucianist culture

## 2.1. Background on Chinese migration to the Netherlands and Belgium

Chinese migrants began to arrive in Western Europe at the end of World War I (Skeldon 1994). These first migrants were comprised mainly of four groups: workers during World War I, single males jumping off the ship for a better life, street peddlers mainly from Wenzhou and Qingtian of the Zhengjiang Province, and students (Li 2005). Chinese group migrants in Europe are from diverse backgrounds, as some came from former European colonies in Southeastern Asia such as British Hong Kong and Malaysia, the Netherlands East Indies and French Indochina (Li 2005). As the majority of Chinese ethnic migrants came from the former British colony of Hong Kong, many Chinese 'disappeared' into the category of British citizens until July 1997, when Hong Kong's sovereignty was transferred to China (Pang 1993).

The number of older Chinese migrants has been rapidly increasing in both the Netherlands and Belgium in the last decade. According to Statline (2017), the number of first-generation Chinese in the Netherlands aged 60 and older almost doubled from 2,709 in 2007 to 5,096 in 2017. In Belgium, the number of older Chinese migrants aged 60 and older more than doubled from 1,306 in 2008 to 2,764 in 2017 (Eurostat 2018). However, compared to 'traditional' migrant groups (Turks, Moroccans, Surinamese), their numbers are still small. Apart from being a minority group, there are other factors at stake accounting for why older Chinese migrants are comparatively invisible: migrants' first-generation strategy of self-reliance and autonomy, geographically dispersed settlement, restraint from voicing needs in public, position in the labour market as small ethnic entrepreneurs rather than labourers (Baker 1994; Pang 1993).

## 2.2. History of Confucianism and its influence

In 551 BC Confucius was born in the town of Chou, which belongs to the kingdom of Lu during the eastern Zhou dynasty (Yu and Bairner 2011). It was a time of instability and conflicts when numerous kingdoms engaged in wars for pre-eminence; this affected Confucius greatly as he fluctuated with the changes of political power. In his work he reflected a wish for social harmony with his experience of personal vicissitudes. Nevertheless, Confucius received no recognition during his lifetime until the Han Dynasty (206 BC-221 AD), when his teachings were embraced and incorporated into China's social and political system to the exclusion of other teachings such as Taoism and Buddhism. Since then, Confucianism has been advocated by most rulers in China's history, including the People's Republic of China under the rule of the Communist party, mostly because it conforms to the economic status of the vast country. Its teachings encourage Chinese people to accept restraints over personal desires and equitable distribution of limited resources among members of a group. The educated elite became regional rulers by passing the exams based on the teachings of Confucianism and afterwards exercised power according to Confucianist prescriptions. By writing legends, drama, folk stories and folk songs for the peasantry, the rulers managed to promote Confucianism as a way of rationalising social order, thus all Chinese are enmeshed in Confucianism (Fu 1994).

Existing research has identified Confucianism's influence on various sociological topics: physical social education, communication, education, corporate management and fertility behaviour research. Chinese under the influence of Confucianism have developed an anti-physical culture that values intellectual achievements rather than athletic competence as manifest in the muscular Christianity of the West (Yu and Bairner 2011). On the impact on communication, in contrast to Westerners' universalistic code emphasising fairness and equality (Yum 1988) the Chinese tend to adopt a particularistic communication pattern, regulating relationships based on the status and social position of the other party involved. In the field of education research, Confucianism motivates students to acquire high education while at the same time it has a detrimental effect on students' creativity by stressing mechanical memorisation. Confucianist work ethics also credit hard work at the expense of a healthy lifestyle (Kim and Sung 2000), and Chinese workers put more emphasis on personal obligation to others and to groups compared with their Western counterparts (Probst and Lawler 2006). In fertility research, Confucianism is found to encourage reproduction and an obvious relationship is discovered between China's large population and Confucianist teachings (Tang 1995).

### **3. Conceptual framework: Four principles of Confucianism regarding social participation**

In this section, the four acknowledged principles of Confucianism – hierarchical relationship, family system, benevolence and emphasis on education (Chen and Chung 1994; Hofstede and Bond 1988) – will be discussed in order to identify elements that might influence older Chinese migrants' social participation.

#### **3.1. Hierarchical relationship**

Very different from Western philosophy, which regards individuals as anomic entities, Confucianism sees a person as a relational being who exists in relation to others and is defined within an social-involved context (Bond 2008). Confucianism regulates relationships based on Five Codes of Ethics (wulun) – the basic human relationships: between sovereign and subject, father and son, older brother and younger brother, husband and wife, friend and friend (Fan 2000). There exists hierarchy in these relationships as there is order in nature (Fairbank 1966). Subjects show loyalty to the ruler; juniors are expected to show seniors respect and obedience; the older brother shows brotherly love and the younger brother shows reverence; a wife shows obedience to her husband; friends are bound by mutual trust.

When applying hierarchical relationships to the experience of social participation, there are three recognised types of influence: particularism, reciprocity and in-group/out-group distinction (Yum 1988). Firstly, particularism is a key concept for understanding the Chinese's social participation (Fried 1969). It is different from the Western universal code of equality regulating relationships based on the same standard: Chinese interact with others according to their status under a particular context, resulting in delicate social interaction patterns with acquaintances and no universal rule for strangers or new people in a new environment. The aim of maintaining a particularistic relationship is to avoid embarrassment and potential conflicts (Hwang 1998). Since social participation involves interaction among different parties, it intrigues us to what extent older Chinese migrants experience interactions with locals when influenced by Western culture.

Secondly, reciprocity emphasises non-calculation of what one receives or gives in an social with other members in a group. If one party receives something this time, the party is expected to pay off the gains next time. For example, if Confucianists receive a gift they will show appreciation and return the favour in the near future. Clearly calculating can be

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regarded as thinking about immediate gains, which is detrimental to establishing long-lasting relationships.

Thirdly, Confucianism distinguishes in-group and out-group members as prescribed by hierarchical and mutually dependent relationships. The nature of mutual dependence requires affiliation to tightly knit groups over a long period of time. Longer-term relationships can last because in-group members can always expect others to give or sacrifice for them, as they believe sooner or later others will reciprocate similarly. The formation of a group can be based on the nature of ties. For example, father-son relationships are expressive ties, friend-friend instrumental ties, and mixed ties arise from common birthplaces or shared experiences such as attending the same school or working together. In individualistic societies, by contrast, allegiance to a group is voluntary and mobility is permitted. People can choose to come together for a common goal and can retain their individuality and independence (Varenne 1977), joining and dropping out according to their independent will.

### 3.2. Family system

The family system in Confucianism is characterised by filial piety, which has important implications for understanding intergenerational relationships in Confucianist societies. As filial piety requires that children pay due respect to their parents and take responsibility caring for ageing parents (Chou 2011; Ng 2002), it can help consolidate family relationships and enhance familial cohesion (Laidlaw et al. 2010). On the other hand, filial piety can also encourage rigid and authoritarian parenting styles as illustrated in the dual model of filial piety (Yeh and Bedford 2003).

The Confucianist family system also emphasises mutual dependence and sacrifice between ageing parents and adult children. Older people influenced by filial piety consider caring for their grandchildren their responsibility as repayment for their children's filiality (Hwang 1998). There is also gender inequality, as Chinese women are expected to be socially inferior to men: their value as prescribed by hierarchical relationships is reflected as daughters, wives and mothers rather than independent individuals (Yun 2013).

### 3.3. Benevolence

Benevolence (jen: 仁) is a collective concept of various Confucianist virtues, of which love is a core concept. According to the theory of benevolence (Hsu 1971), only through practicing benevolence can humans realise the fundamental three needs: sociability, security and status. This can be realised at different levels. For oneself, it means self-discipline and self-cultivation (Hwang and Chang 2009) to achieve inner peace and development. Benevolence towards parents is filial piety; towards older people it is respect; towards friends it is faith and trust; towards oneself it is loyalty and responsibility (Chen and Chung 1994).

The ultimate aim of practicing benevolence is to attain harmony among people and between people and society (Chuang 2012; Luo and Chui 2016). Benevolence seeks to create warm interpersonal feelings and avoid any conflicts between people and society. A harmonious status of benevolence can be reached at the expense of personal interests and individual gains (Chuang 2012; Lu et al. 2003). It also impacts how Confucianists consume food: for example, the Chinese think about food as something to share in a group (Ma 2015) and attach importance to group harmony in their food preferences (Chang, Kivela and Malak 2010), which is in sharp contrast with Western individual food choices for everyone.

### 3.4. Emphasis on education

Confucianism believes on the perfectibility and educability of human beings. The Chinese educational system focuses on passing exams, which originates from its 1300-year-old tradition of keju, a system used to recruit state officials (Fu 1994). In ancient times the Keju system gave all people in society an equal chance to become a ruler without official connections (Yu and Bairner 2011).

Positive influence in terms of learning participation includes Confucianists' motivation to acquire higher education and degrees; this accounts for the success of economic activities in East Asian countries influenced by Confucianism, including Hong Kong, Taiwan, Singapore and South Korea (Chen and Chung 1994). Confucianist teachings also encourage self-cultivation (xiuyang) and emphasise individual responsibility in educating and perfecting oneself as well as respect for the authority of the teacher (Chuang 2012). The negative influence is that Confucianism focuses on learning participation in a mechanical way. Repetition and memorisation are valued without provoking thought or meaning (Kim 2007), and are considered detrimental to nurturing creativity and originality (Chan 1999).

## 4. Data and methods

To answer the research inquiry of cultural influence and older Chinese migrants' participation, we adopted the research method of one-on-one in-depth interviews. In-depth interviews enable researchers to gain insightful answers into abstract topics like attitude and perceptions, and pose follow-up questions or probe for more information (Ryan et al. 2009). The recruitment strategy involved convenience and snowballing sampling. Invitation letters to participate in the study were sent to ten social centres for older adults in the Netherlands and Belgium. The letter briefly described the aim and content of the research. In order to avoid a selection bias that older adults who go to social centres are active, and to make sure that less active older Chinese were not left out of the study, we also sent the invitation letter to three social workers whose clients are mostly of Chinese background. In this way, a diverse range of older Chinese migrants was reached and informed about the opportunity to participate in the study. In the end, 21 older Chinese migrants in the Netherlands and seven in Belgium gave consent to participate after being informed about the content of the interview, confidentiality of their identity, and their rights to withdraw if they felt uncomfortable during the process.

There were 11 male and 17 female participants in the study (see Table 5.1). The participants comprised 19 visitors to three local social centres for older adults in the Netherlands, three of whom were social organisers themselves (N1F; N1F6; N1F12). Two older persons in the Netherlands were interviewed at home because of their poor health condition (N1M7; N1F7). The seven interviews in Belgium were all conducted at older adults' homes. The average age of participants was 69, and they had lived in the Netherlands or Belgium for an average of 35 years. Average monthly income was 908 euros. The educational level of interviewees is relatively low, the majority having completed secondary school (generally until the age of 16 in China) (N=10). About 43% of interviewees (N=12) migrated as labourers and an equal number (N=12) relocated because of family reunification. The remaining four were the so-called zero generation (King et al. 2014), who mostly came to look after the grandchildren of their first-generation adult children. In terms of living arrangements, nine people lived alone and 17 with their spouse. One cohabitated with his or her spouse and adult son and one lived with their spouse and adult son's family (daughter-in-law and one grandson).

**Table 5.1** Descriptive statistics of participants

code	Personal Characteristics					length of residence	living arrangement	marital status	Socio-economic status		Health
	country	age	gender	migrant type	monthly income (€)				education	self-perceived health status	
N1M1	NL	69	male	labour	51	with spouse	married	700	secondary school	very good	
N1M2	NL	64	male	labour	38	with spouse	married	690	secondary school	good	
N1M3	NL	78	male	labour	40	with spouse	married	700	secondary school	good	
N1M4	NL	65	male	labour	30	with spouse	married	700	elementary school	good	
N1M5	NL	63	male	labour	40	alone	single	600	technical secondary	poor	
N1M6	NL	69	male	labour	52	with spouse, son & son's girlfriend	married	1300	elementary school	not good	
N1M7	NL	83	male	labour	29	with spouse	married	600	elementary school dropout	not good	
N1M8	NL	74	male	labour	39	alone	divorced	1500	secondary school	good	
N1F1	NL	61	female	family	40	with spouse	married	1000	high school	good	
N1F2	NL	72	female	family	39	alone	celibatarian	1000	high school	good	
N1F3	NL	77	female	family	22	alone	widowed	1000	secondary school	poor	
N1F4	NL	71	female	family	35	with spouse	married	750	secondary school	fair	
N1F5	NL	74	female	family	40	alone	married	750	secondary school	good	
N1F6	NL	60	female	family	37	with spouse	married	1300	secondary school	good	
N1F7	NL	74	female	labour	48	with spouse	married	650	high school	not good	
N0F8	NL	88	female	Zero G	28	alone	widowed	850	high school	very poor	
N1F9	NL	74	female	family	42	with spouse	married	750	secondary school dropout	very good	
N1F10	NL	68	female	labour	48	with spouse	married	800	elementary school dropout	good	
N1F11	NL	76	female	family	38	alone	married	1050	secondary school	good	
N1F12	NL	64	female	family	42	alone	divorced	1150	high school	good	
N1F13	NL	66	female	labour	47	with spouse	married	880	elementary school	good	
B1M1	BE	70	male	family	35	with spouse	married	500	technical secondary	good	
B0M2	BE	63	male	Zero G	8	with spouse	married	1200	technical secondary	very good	
B1M3	BE	60	male	labour	20	with spouse	married	1200	master's degree	fair	
B0F1	BE	60	female	Zero G	6	alone	single	1100	technical secondary	good	
B1F2	BE	67	female	family	34	with spouse	married	500	high school	poor	
B0F3	BE	63	female	Zero G	17	with spouse	married	1200	technical secondary	very good	
B1F4	BE	60	female	family	28	with spouse	married	1000	master's degree	good	

The interview process involved four parts. After the researcher introduced the aim and process of the interview, interviewees were asked about their social participation. Questions

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were framed so they were easy to answer. For example, how do they spend a typical week and who are the participants and organisers of activities they participate in. If the social was initiated by an association it was coded as formal participation, otherwise informal participation. Next, they were asked about the impact of relocation to Europe on their social participation. Lastly, they were asked to share their understanding of Confucianism and encouraged to share a story of their social participation seen from their perspective on the influence of Confucianism. Each interview lasted about 30-45 minutes and was recorded, then transcribed verbatim by the first and fourth authors, who are native Chinese speakers.

Participants' names were replaced in the analytical process. The research method of thematic content analysis was adopted, using qualitative analysis software MAXQDA (VERBI Software 2017) to code the interviews. The abovementioned four principles of Confucianism – hierarchical relationship, family system, benevolence and emphasis on education – were adopted as main codes. The first and fourth authors read through all transcribed texts to extract the texts of participants' activities and influence of Chinese culture on their social participation. Drawing from extracted texts, both authors developed sub-codes and pointer words for each of the four principles of Confucianism (see table 5.2). For example, for the code of benevolence, pointer words such as peace(太平), empathy(同情), goodwill (善意) or anonymous conflict(冲突) and collision(摩擦) were marked. Following the criteria, the first and fourth authors then coded separately and extracted the paragraph or stories containing the pointer words. Inter-rater reliability was ensured as two researchers first labelled the same manuscript. Afterwards, they compared codes to see if there were any differences and findings were discussed until consensus was reached. For instance, an account of how an older Chinese migrant woman in the Netherlands regretted the loss of an opportunity to attend Dutch courses due to the pressure from her husband who took it for granted that a woman should sacrifice for her husband, children and the family. One researcher labelled it "hierarchical relationship" as the pointer word husband-wife was one of Wulun relations. The other labelled it "family system" as the pointer word family was also present. After discussion, two authors agreed on the code of "family system" as the story also touched upon other family members like children.

**Table 5.1** Coding scheme

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Codes <i>(principles of Confucianism)</i>	Hierarchical relationship	Family system
Sub-codes	Wulun: five-relation Particularism Reciprocity In-group Out-group	Filial piety Mutual dependence and sacrifice Gender inequality
Pointer words	Father-son Husband-wife Friend and friend Older and younger brother Sovereign and subject (or employer-employee) Interaction with local people Group social	Parenting Grandparenting Care for ageing parents Family Child Sacrifice of women

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**Table 5.2** *Continued*

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Benevolence (jen: 仁)	Emphasis on education
Self-discipline	Perfectibility and educability of human beings
Respect for the aged	Motivation to acquire higher education and degrees
Faith and trust to friends	Self-cultivation
Pursuit of harmony	Class
Group interests over personal gains	Teaching
Group harmony in food preference	Learning/self-learning
Peace; empathy; goodwill	Engage in alone or educational activities
Harmony	Practice
Avoid of conflict, trouble, chaos, collision	
Warm feelings among people	
Food sharing	
Group harmony	

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## 5. Results

The findings show that first-generation Chinese older migrants engage in a wide range of both formal and informal activities. Formal activities include being a member of traditional Chinese clothes clubs and singing clubs, attending organised activities (health-related lectures, movie nights and sport events) at local social centres, voting, etc. Informal ones are social activities with neighbours or friends (e.g. going out to eat), taking care of grandchildren, calligraphy practice at home, and so on. It should be noted that the transcribed texts of one male participant aged 70 in Belgium (B1M1) and one 76-year-old in the Netherlands with (N1F11) did not show any influence of Confucianism's four principles on their social participation. Except for them, the rest 26 participants reported at least one of the four principles' influence on their social participation in the host society. The experience of the impact of the four principles of Confucianism on older Chinese migrants' social participation is presented in detail as follows.

### 5.1. Experience of hierarchical relationships in social participation

Three elements of hierarchical relationships are found in the interviews to have an impact on older Chinese adults' social participation: particularism, reciprocity and in-group/out-group distinction. In contrast to the Western code of equality, particularism regulates how the Chinese interact with people based on the extent of intimacy with and the status of the other party involved; this serves as a barrier for older Chinese to make friends in a social setting in the host country. A 60-year-old woman (B0F1) told the interviewer that she could not understand in a Western party that 'people just talked freely with any stranger like they have known each other for a long time'. An older man (N1M7) described that he wanted to make friends with his boss but did not know how to initiate a conversation: 'It seems very easy for my Dutch colleagues who can happily joke with their boss. I might look very serious to my boss as I want to show due respect to my boss. You know, he is the boss and a little bit of obedience and respect, in my opinion, is necessary.'

In hierarchical relationships, reciprocity means no calculation of personal gains or losses in a sincere friendship. This stands as a barrier to social participation in mainstream society, particularly with native friends. One female interviewee (B0F3) expressed her shock when she was invited to a birthday dinner and had to split the bill (or go Dutch as described by the interviewee herself). She felt that it hurt her feelings when she was asked to pay.

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*I couldn't understand the existence of going Dutch at every meal, even when the guests are family members. The father, mother, brothers, sisters, they are the dearest ones in your life but they have to calculate an exact number everyone should pay. I don't think it's a big deal: this time you pay, next time I pay. The difference of the price won't be a big deal. This is how it goes in our culture. Once I got invited to a birthday dinner at a restaurant and everyone invited had to pay. Oh, I can't imagine being invited and having to pay. Don't you think it hurts feelings to ask guests to pay?*

According to four respondents (N1M3; N1F6; N1F1; N1F12), three of whom were also social organisers in the Netherlands (N1F6; N1F1; N1F12), in-group/out-group distinctions based on where people come from limits older Chinese's participation opportunities to their own small circle. One of them expressed her regrets when she experienced the separation within the Chinese community.

*To be honest, we, the Chinese, are very conservative and tend to stay inside our own houses and are reluctant to go out. Other migrant groups have had this kind of event a long time ago, however we only started this year. I also need to do a lot of work to promote it. One thing very difficult for me is that older Chinese people seem to stick together but they have their own small groups. They are good at this: 'You come from Hong Kong, I come from the mainland, and she comes from Canton (a southern province in China). Oh, he comes from Taiwan.' In the end, it turns out [like this]: 'I don't go to your gatherings and you don't come to mine.'*  
(N1F6)

While in-group/out-group distinctions are possibly detrimental to larger Chinese community participation, in-group members felt an obligation to join group activities, showing commitment to group affiliation and loyalty possibly from the influence of collectivist thinking.

*I belong to the group of Qipao (traditional Chinese women's clothes). I once thought I was old and not beautiful. It was like a*

*joke for others if I stood on the stage and gave a performance in Qipao. I once wanted to stop going to the exercise activities of the Qipao club. Then the president of Qipao came to me and she said to me: 'We are a group and we are here to demonstrate the beauty of Chinese culture.' Sometimes when the group needed to go to some places to give a performance like for the older people at the nursing home, they asked me to attend because some members couldn't go because of work or study. If I got requests like this one, I would always go. I feel I have the obligation to do it. It is for the honour of the group. (B0F1)*

## 5.2. Experience of the family system's influence on social participation

The family system in Confucianism has been found to impact older Chinese migrants' social participation, which emphasises the mutual dependence between ageing parents and their adult children. Respondents (N1F4, N1F5, B0F1) reported depending on and sacrificing for their adult children, and consider taking care of grandchildren as one of their responsibilities. In the meantime, they expect their adult children to take care of them when they are frail and need care, as prescribed in the concept of filial piety. According to N1F2 and N1F4, the difference of Chinese and local people in treating their family members prevented her from developing a profound relationship with them. N1F2 commented:

*"Chinese parents would buy houses for their son or daughter, devote to grand-parenting. Dutch people are not that generous; my money is mine and your money is yours. They sacrifice little for their children".*

Five of our participants (N1F3, N1M6, N1M1, B1M3, B0M2) mentioned that the main reason for their staying in Europe was because their children are here. They also prioritised taking care of grandchildren over going to social activities. A male migrant who had lived in the Netherlands for 52 years said he had participated in almost no activities and experienced feelings of loneliness due to a lack of activities he could participate in. He also missed China, where he had relatives and friends. In the end, he added that he could not go back because his child is here in Europe.

*I don't do many things here (in the Netherlands). Just my only child and barely any friends. If I spent my retirement life in China, I think I would be less lonely with my cousins around. I could visit one relative this weekend and the other one another weekend. Here everything is different and I have my only child here. Where the child stays decides where I can stay. If my child had a career in China, of course I would go back. If he is here, I cannot go back. (N1M6)*

An older woman living in Belgium talked about going to see movies at the Chinese cultural centre in Brussels, explaining she often could not go because of her responsibility of caring for her grandchild.

*Interviewee: the main reason for me staying here is my children. If they were in China, I would go back. It's simple. Family must come first and after come friends. My life here centres on the life of my children. I help take care of my grandchildren. (B0F3)*

*Researcher: What other activities do you do besides taking care of your grandchildren?*

*Interviewee: I also go to see movies at the Chinese cultural centre at the Confucius institute here. It's free and starts at half-past six. Most of the time I can't go because I have to pick up my grandchild from school. My daughter-in-law works at a hospital and her shift sometimes starts in the early morning or late morning. If she goes to work for a late shift, she cannot go and pick up her son. We need to help out twice or three times a week. We are on call, you know. Anytime they need us, we will go. (B0F3)*

Filial piety also requires absolute respect for the ageing parents in a traditional Chinese family and mutual sacrifice between family members. A 65-year-old male participant in the Netherlands described his confusion when talking about intergenerational relationships in Europe and could not understand the existence of a legal adult age for his children when he could not interfere in his children's life anymore.

*Here in Belgium, after a child comes of age, he is independent and the parents cannot discipline [the child] or try to interfere in the child's life anymore. But in China, we don't do it this way. If you once were a family member, you will always be a member. You will continue to be my child, the kid, even after you are sixty years old. In some countries, sixteen is the cut-off age while in others eighteen. For me, this doesn't make any sense since every child is unique and undergoes a different maturity process in terms of mental growth. Our culture is good in this respect. We live in a group and we always take care of each other and we sacrifice for each other. (N1M4)*

A clash was found between older Chinese adults influenced by filial piety and their children who have been educated and immersed in individualistic European culture. This poses a barrier for older Chinese adults to participate harmoniously within the family context. The following is what a 60-year-old man complained about – her children acting like strangers to him instead of being filial.

*If you have your own house in China, your parents want to pay you a visit. They can go to your house at any time, right? It's not the case here. My children would require me to call them first to make an appointment. What's wrong with them? I am their father and I have to make appointments to see them?! This is something you do to strangers, not to your father. Both my son and daughter treat me like this. I don't visit them often because of their behaviour. I am very sad about this and would be ashamed to mention it to my relatives in China. (B1M3)*

Our findings also show that older Chinese women migrants experienced loss of participation opportunities because of the hierarchical and unequal relationship between wife and husband in the family. Wulun in Confucianism regulates that the status of a woman is subordinate to her father before marriage, then to her husband after marriage, later to her son. In other words, a woman's value is realised in being a daughter, a wife and a mother, even a grandmother. An older woman (N1F6) who used to work in the restaurant business in a small Dutch city was very proud of herself when talking about teaching herself and passing

the Dutch language exam in order to get the certificate for the restaurant business. She showed regrets for not being able to continue learning Dutch because of the expected responsibility towards her husband and children.

### 5.3. Experience of the influence of benevolence on social participation

The goal of benevolence, the ultimate harmony between people and society, is found to have a negative impact on older Chinese migrants' informal participation with locals (e.g. day-to-day conversation) as well as formal participation (e.g. political involvement in mainstream society). A 78-year-old participant in the Netherlands told the interviewer that being sick and diagnosis of cancer among his peers was considered a 'shame' and 'not something to share with friends' (N1M3). A 64-year-old woman, president of an association for older adults in a medium-sized Dutch city, explained why she refrains from sharing bad news in her daily communication with other people:

*Europeans are very open and they say everything directly what's on their minds. However, for the Chinese there is an old saying: 'For the harmony of the public, do not disclose family shame to others'. Therefore, we tend to share good news and refrain from sharing bad news. (N1F12)*

Concerning formal social participation, a few interviewees described participating in chaotic political demonstrations where participants cause trouble with the police and disrupt the social order. Out of fear of upsetting the harmony with society, they tended to refrain from letting their voices be heard in the larger society by participating in political activities. A woman aged 67 who has lived in Brussels for 34 years stated why she does not feel like participating in political activities:

*Belgian people are nice to us and there is nothing wrong with the people and the country. We take care of ourselves and I've been afraid that my presence will cause any trouble to the country. That is why I have never participated in any of the demonstration*

*activities or political activities. It is meaningless you know, it causes chaos and nothing more. (B1F2)*

Benevolence is also characterised by warm feelings between members of society, which is identified as a barrier to informal participation with the local Dutch and Belgians. A 73-year-old man living in the Netherlands for 22 years lamented to the interviewer that he did not have many local or Chinese friends in the first years after his arrival, and he found a lack of intimacy and closeness even between his best friends.

*We didn't have any friends in the early years after my arrival. My wife and I, we are not used to how friends treat each other. We once visited a Dutch friend's house and the atmosphere was so... I don't know how to put it... maybe awkward? We had known each other for some time back then, but I felt like that we were still strangers. In China, I go to a friend's house and I knock at the door, my friend will ask: 'Who is this?' I will answer: 'Me'. I don't even have to answer my name. My friend can tell from my voice. This is the society I'm familiar with. I could go to visit a good friend's house in the evening and have dinner together. I don't have to tell them in advance. My friend will always welcome me. Not here. You have to make appointments even with your best friend. (N1F3)*

Another interesting finding is that seven interviewees (N1M8, N1F6, N1F12, N1F13, N1F9, N0F8, B1M3) mentioned the importance of food and food-sharing in terms of their social participation. N1F6 commented 'Food sharing is a very important aspect of our culture and we older people found it very interesting to share with people at a round table'. The social venue was offered for free by the local government but regulations prohibited attendants from bringing their own food – which, according to N1F6, was the reason that some older persons stopped participation in the activities organised at the social centre for older adults. N1F12 was very proud of herself in preparing tiantang (a kind of sweet Cantonese soup) and said more people would come if they were told there was tiantang ready for them to taste. B1F4, the founder of a singing club in Belgium, described the presence of food when the club first got started was one important factor to attract potential participants.

At the same time, prioritising food enjoyment can serve as a barrier to social participation. B1M3, a member of the Chinese chorus in Belgium, told that people came to join the group 'mostly for the sake of eating and having fun' instead of practicing singing skills, and

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complained about the unprofessionalism of the singing group. B0M2 told the interviewer he had no time left for social participation because he needed to work and only had one day off work each week. On the free weekend day, he prioritised going to the bull market in Molenbeek to shop for cheap food. Afterwards, shopping and preparing the food would take a whole day. The prioritisation of food was also explained by a man aged 74 who had lived in the Netherlands for 39 years:

*You know Chinese people enjoy eating and enjoy cooking. Every Monday there is a food market in the city from 8am to about 2pm. I can buy fresh fish, vegetables, kitchenware, clothing and other living necessities there. It is different from supermarkets like Aldi. Food in the Monday market is very fresh. So I hope the elderly centre can change its social time to another time. Now the social day is Monday. So I cannot go to the social. (N1M8)*

### 5.4 Experience of the influence of emphasis on education on social participation

Self-cultivation, a pursuit of harmony within oneself, emphasises the individual's responsibility in self-education and personal well-being. The study found that when participating in learning activities, older Chinese migrants expressed a tendency to refrain from organised group learning out of fear of being trouble to the teacher. The consequence might be that they lose an opportunity to properly learn the language of the host country in a group setting (N1F9, N1M7, N0F8, N1M5).

*I don't like going to organised classes here. As an immigrant, I was required by the government to learn Dutch in my community. But I'm very uncomfortable in a group. The teacher often asks me questions. I am scared by the prospect that if I cannot answer them, I would cause more trouble to the teacher. They were being very nice and kept asking me if I could understand. Maybe others don't think that way but I feel like that I would be a bother to the teacher if I wasn't able to answer the question. (N1F9)*

Self-cultivation and discipline were also found to be positively related to older Chinese migrants' informal participation during their own spare time. This means that an older adult – though not embedded in mainstream society or within the Chinese community – does not automatically feel lonely, which in a sense brings about inner peace. N1F10 talked enthusiastically about her teaching herself Tai-chi and stressed several times that mastery of Tai-chi benefits her physical well-being. N1F3 mentioned practicing Chinese calligraphy by herself and commented on feeling happy after completing a piece of work.

N1F12 said she went through a hard time after divorcing her Dutch husband with two young boys but she recovered and came to herself after singing Karaoke on her own for two hours. After singing, she said: 'I seemingly forgot the unhappy things afterwards and recovered the strength to carry on'. A 63-year-old woman in Belgium commented on how she coped with the quietness of Europe when she first came here:

*I used to enjoy singing and dancing very much. I found it very quiet after I came here (Belgium), so I went to the media store and bought a loudspeaker to play music at home. I have karaoke at my house and a microphone. In this way, I don't feel lonely anymore at my house. I think people should be responsible for their own well-being. I can continue the hobbies I had in China even if I'm alone.*  
(BOF3)

## 6. Discussion and Conclusion

This study has shown the dual effect of the role of Confucianism in Chinese culture on older Chinese migrants' social participation experience in the Netherlands and Belgium. The four principles of Confucianism have both negative and positive effects on older Chinese adults' social participation. In a sense, this overall finding is in line with cross-cultural acculturation theories among migrants suggesting that culture, posing possible barriers to migrants' social participation in the host country, can also be a source of strategies to cope with unwanted circumstances (Aldwin 2007; Castro and Murray 2010). It also corroborates previous migrant studies that point out that older migrants can draw from their own ethnic community or culture to integrate and socially participate in mainstream society (Berry 1997).

Looking at the four principles of Confucianism in detail, the first finding on the cultural elements of hierarchical relationship – particularism, reciprocity and in-group/out-group distinction – appears to be that they are detrimental to older Chinese migrants' informal participation with locals, mainly because of different social etiquettes and norms (e.g. interaction based on equality versus status, 'going Dutch' versus the principle of no-calculation in long-term friendships). In-group belonging, on the other hand, serves as facilitator for older adults to participate in formally organised activities for their own subgroup. For example, older Chinese migrants emphasised group honour when making a decision about whether or not to participate in an social. This confirms prior research maintaining that the Chinese attach great importance to expected reactions of others in deciding upon their behaviour (Yang 1981). And yet, in-group/out-group distinctions are detrimental to participating with other Chinese subgroups. In this sense, the present study contributes to the current debate about Confucianism' element of hierarchical relationships by showing that, in the context of European society, in-group/out-group distinctions divide Chinese migrants into smaller subgroups and harms collectivistic solidarity in activities within the Chinese community.

The second finding about the influence of the family system confirms previous research outcomes that the Chinese emphasise personal responsibility to others (Chuang 2012), particularly mutual interdependence among family members. Our study shows that older Chinese migrants are actually very active in the family domain, especially older women. The finding of gender differences regarding intergenerational relationship and giving and receiving help can be found in migrants with origins from collectivist or traditional countries or societies. For example, older Greek Cypriots migrants in London also gave a similar culturally determined discourse about their family (Cylwik 2002). This however sometimes serves as a barrier to participate in social outdoor activities because of ageing migrants' lack of time. As required by the mutual dependence of the Confucianist familial system, ageing parents consider it their duty to educate and take care of their children and grandchildren.

Filial adult children are willing and expected to repay and take care of their ageing parents both emotionally and financially. This study also contributes to prior research by adding that possible conflict between ageing Confucianist parents and their adult children is influenced by individualistic European culture. This possible difference in cultural beliefs serves as a barrier to familial participation of ageing Chinese migrants.

The third finding regarding the role of benevolence reveals why older Chinese migrants refrain from participating in formally organised political activities and partly explains Chinese migrants' silencing and invisibility in the host society. It confirms previous studies stating that the Chinese's collectivist concern urges them to avoid conflict, maintain social order (Lu et al. 2003) and subordinate personal interest to that of the group or the nation as a whole. It also serves as a barrier to informal participation among local friends, as benevolence emphasises warm interpersonal feelings for the sake of which it is necessary to blur interpersonal boundaries. Individualistic European societies do have a marked line in interaction among friends, and this difference might account for why older Chinese migrants find it difficult to engage in daily activities with local friends. The finding of older Chinese migrants' prioritising food enjoyment is consistent with Confucianist teachings about food. As a Confucianism masterpiece states – 'hunger breeds discontentment' – pursuing cuisine is regarded as an important aspect of satisfying one's needs, an important aspect of the theory of benevolence (Hsu 1971). This theory helps explain why older Confucianists prioritise food enjoyment and why the addition of Chinese food to the social venue is an extra attraction. Older Chinese migrants' preference for Chinese cuisine confirms previous research results that food habits are long-lasting and resistant to change once established (Fieldhouse 1986).

The last finding shows that the influence of emphasis on education, the fourth element of Confucianism, on older Chinese migrants' participation is also double-faceted. Self-cultivation and self-development helps ageing Chinese migrants to be 'active alone'. The interviewees often mentioned engaging in activities without the involvement of others, such as Chinese calligraphy, Tai-chi and singing. They find that these solitary activities enable them to cope with feelings of loneliness or stressful events after migration. In terms of learning participation, it was found that older Chinese migrants show a tendency to refrain from organised group learning activities, which confirms previous research on Confucianist adult learners' preferences in the United States (Chuang 2012). The interviewees in this study expressed a tendency to withdraw from free European class environments where they learn to ask the teacher questions freely and the teacher elicits frequent feedback from students. This in a sense corroborates previous studies confirming Confucianist Chinese's stronger desire to avoid uncertainty in learning situations (Hofstede, Hofstede and Minkov 2010). They will avoid possible conflicts with instructors, who are wise role models and cannot be challenged by students (Barron and Arcodia 2002).

As suggestions for future studies on Confucianism and older Chinese migrants, the possible correlations and bridging cultural elements between the four principles of

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Confucianism can be explored. For example, the concept of *mianzi* (worrying about losing face) is related with reciprocity, harmony and emphasis on education (Haidong and Walker 2011; Yunong and Wu 2012). It would also be interesting to study the topic from life-course and comparative perspectives, such as the differences and similarities in cultural beliefs and their impact on social participation choices between older people in China and in Europe. For instance, how does culture's impact on migrants' social participation change over one's life-course? How is the cultural impact of Confucianism different from other cultures such as Moroccan or Turkish cultures in terms of social participation? These questions require further comparative research.

This study has some limitations. Two critical considerations can be formulated. First, the relatively small sample size of 28 older Chinese migrants based on convenience sampling is not inclusive and cannot represent the heterogeneous group of Chinese migrants. Although this was never the intention in our qualitative study, we have to recognise that the reliance on key informants, mostly social workers in social centres for older people, might result in possible selection bias as the majority of frail older migrants are left out of this study. Second, the qualitative research method used in this study might not be the most appropriate to understand the topic in depth, as the subject of culture is complex. For example, older participants with a lower educational level took quite some time to think of a story relating to Chinese culture. A vignette study (Finch 1987; Turper 2017) providing a hypothetical situation to the interviewees has proven more suitable in exploring participants' perceptions, values and attitudes towards an abstract topic like culture and might be a possible recommendation for future research.

Despite these limitations, this study is the first to provide empirical data on the role of Confucianism in older Chinese migrants' social participation, and our findings offer insight for policymakers as to how to attract more, and more frequently, older Chinese migrants into their sponsored social programmes as well as increase informal contacts. As for policy recommendations, the experience of older Chinese migrants' culture in social participation should be taken into consideration. Firstly, more activities for the subgroups (e.g. mainland Chinese) can be developed as loyalty and more familiarity with other members in this subgroup can motivate them to join. Secondly, the timing of activities devised for older Chinese migrants should consider their priority for grand-parenting and avoid the 'peak hours' with the family. Thirdly, food enjoyment is valued highly among older Chinese migrants, so more activities that include food-sharing should be arranged. As shown in the study, a few interviewees complained about the government prohibiting them from bringing their own food to share with other participants. Lastly, relevant government agencies offering language inclusion courses should also consider the learning preference of avoiding uncertainty in class, and more structured learning segments where older Chinese migrants can anticipate the instructor's questions should also be added to learning activities.

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Chapter 5. Confucianism and social participation among older Chinese migrants

Yunong, H. & Wu, L. (2012). Correlates of life satisfaction among older people in China: An examination of two cultural variables. *Aging & Mental Health, 16*(8), 1028–1038.

## **Part III. Discussion**

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## **Chapter 6. Discussion, Limitations, Policy Recommendations And Directions For Future Research, General Conclusion**

### **Chapter Abstract**

This chapter presents a summary of key research findings to the research gaps and research objectives identified in the introduction of this dissertation. Besides, this chapter also critically reflects on the limitations of the four studies in this dissertation. Lastly, this chapter also puts forward suggestions for future research and policy recommendations.

## **1. Discussion of key findings and their implications**

This doctoral study contributes to current academic enquiry into social participation in later life and how older adults' social participation is associated with changing dynamics of media usage, residential environment and culture. In particular, the portfolio of social participation activities and the related motivators and barriers are examined in different residential and cultural environments. A diverse sample of research population is involved in this study to reach the four research objectives raised in the introductory chapter. This chapter gives an integrative answer to the general research objectives which are discussed from a policy perspective of healthy ageing and the theoretical perspective of environmental gerontology, which argues that the interaction between people and physical and social environments can influence the behavioral outcome (Wahl et al., 2018). This dissertation points out that environmental gerontology has the potential to bridge different levels of perspectives in ageing and social participation research. For instance, individual-level factor (e.g. media usage), meso-level factor (e.g. relocation to long-term care institutions) and macro-level factor (e.g. culture) can all be linked with social participation in later life. The four studies in this dissertation have revealed how different environments influence social participation among a diverse ageing populations.

To answer the general research objectives, the findings of each of the four studies are summarised (table 6.1 gives an overview of the research findings in each study).

**Table 6.1:** Overview of Research Findings (\* RO: Research Objective)

	Research Questions(s)	Research Findings
Study 1 (Chapter 2)	<p>1. What is the profile of older adults' social participation and media usage? (RO1, RO2)</p> <p>2. Is there a relationship between (new and traditional) media usage and (informal and formal) social participation amongst older adults? (RO2)</p>	<p>1. Community dwelling older adults in the Flanders region of Belgium engage in a wide range of formal and informal social participation. Top three informal social participation activities are going for a walk or cycling, gardening, and visiting bars or restaurants. Top three formal social participation are membership of an association for older adults, sports association or club (including walking, playing chess, etc.) and trade union.</p> <p>2. Newspaper and municipality leaflet reading is positively correlated with both formal and informal social participation. TV watching is negatively correlated with both forms of social participation.</p> <p>3. New media usage (Internet) is positively correlated with both formal and informal social participation.</p>
Study 2 (chapter 3)	<p>1. What is the profile of older adults' social participation after relocation to long-term care institution? (RO1; RO3)</p> <p>2. What are the changes of older adults' social participation after relocation? (RO1; RO3)</p>	<p>1. Older residents in Chinese LTC institutions are ageing actively, in a portfolio of activities. They engage in seven domains of formal social participation (basic living activities, civic activities, leisure activities, household chore activities, interpersonal exchange activities, help-seeking activities and physical exercise activities) and ten domains of informal social participation (including health-risk behaviour activities, helping other activities, financial management activities and computer activities).</p> <p>2. Three changes to their social participation patterns since they moved to long-term care institutions have been established: freedom from daily chores, increased choices regarding companionship and the replacement of old hobbies with new ones.</p>

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<b>Study3</b> (Chapter 4)	1. What are the motivators to social participation among older adults in long-term care facilities in China? (R03) 2. What are the barriers to social participation among older adults in long-term care facilities in China? (R03)	1. Older residents' motivators to social participation include pursuit of healthy ageing (better physical and mental health) and pursuit of meaningful ageing (sense of achievement and being useful, increased connectedness and realization of dreams from earlier life). 2. The reported barriers illuminate structural components such as life-course experiences (e.g. lack of hobbies because of laborious earlier life), long-term-care related barriers (e.g. non-priority of social participation), and Chinese policy-related barriers (e.g. strict admission criteria to public long-term care institutions).
<b>Study4</b> (Chapter 5)	1. What is Confucianism' (cornerstone of Chinese culture) influence on social participation among first-generation older Chinese migrants? (R04)	Like a double-edged sword, the four principles of Confucianism have both positive and negative effects on older Chinese migrants' social participation. 1. Hierarchical relationships promote formal social participation, yet concurrently dividing the Chinese community into smaller subgroups and endanger participation and solidarity within the broader community. 2. With regard to the family system, which emphasizes intergenerational responsibility and obligation, older Confucianist Chinese migrants prioritise familial social participation (e.g. taking care of their grandchildren), resulting in less time to participate in outdoor activities. 3. Benevolence, the third principle of Confucianism, restrains older Chinese migrants from formal social participation (e.g., political participation) while encouraging them to attend community meetings where food is shared. 4. Emphasis on education, of which self-cultivation is an important aspect, helps older Chinese migrants to overcome feelings of loneliness and makes them prefer self-learning activities above formal learning settings.

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## 1.1 Research objective 1: establishing a social participation portfolio in later life

This dissertation reveals that there is a need to recognise social participation as a broad concept, including not only high-level social participation (e.g. volunteering) but also low-level or low-key participation (e.g. attending a festive celebration) (Study 2). The broad concept of social participation carries with itself a potential to include healthy young old living in the community, frail older adults with possible functional decline residing in LTC institutions. A recognition of a portfolio of types of activities in later life can serve as an inclusive concept and initiative to reduce social exclusion in life later as prior research has criticised the policy agenda of social participation for targeting mainly healthier community-dwelling older adults (Liang & Luo, 2012).

This dissertation serves as an initial effort to establish the portfolio of different social participation activities in later life among both community-dwelling and LTC residing older people. The first study, based on data of the Belgian Ageing Studies data (N=36,282) shows that older people aged 60 years and above in the Flanders region of Belgium participate in a variety of both informal and formal social participation activities (Study 1). For instance, the top three of informal activities are going for a walk or cycling (62.8%), gardening (53.4%), visiting bars or restaurants (49.7%) and the top of three formal participation activities are membership in an association for older adults (23.6%), sports association or club (including walking, playing chess, etc.) (14.3%) and trade union (12.6%). As for study 2, the portfolio of social participation activities in long-term care institutions in China (*Study 2*) established that in this environment as well both informal social participation (e.g. leisure activities, financial management activities) and formal social participation (e.g. physical exercise activities, interpersonal exchange activities) take place. Moreover, the LTC residents, especially those with low functional levels, often engage in low-key social participation such as attending a festival in the wheelchair. Besides, the portfolio of social participation activities appears different for older Chinese migrants in Belgium and the Netherlands (Study 4). Despite the environmental challenges of migration, these older adults prefer informal social participation activities in the familial domains and formal social participation activities within the Chinese community, which are probably influenced by the family system (the second principle of Confucianism in Study 4).

The findings of the four studies demonstrate that older adults' potential, despite their possibly declining health conditions, to engage in a portfolio of social participation activities necessitates a reassessment of the medical model of healthy ageing. A medical model of healthy ageing equals the process of healthy ageing to the absence of illness and ignores older adults' experiences and perceptions about health and participation (Hansen-Kyle, 2005). By merely focussing on the medical model about healthy ageing, it might divert from the daily

## Chapter 6. Discussion, Limitations, and General Conclusions

reality experienced by older adults themselves. For instance, by interviewing 22 older adults whose reported perceived health differs from medical statistical regression model, a US study found that self-perceived good health and healthy ageing by older adults themselves is about going and doing something meaningful (i.e. something worthwhile to do, balance between abilities and challenges, appropriate external resources and personal attitudinal characteristics) (Bryant, Corbett & Kutner, 2001).

The restricted focus of a medical model of healthy ageing (e.g. the absence of health problems) is supported with the findings of the research carried out among community-dwelling Belgian older adults (Study 1) and older Chinese migrants residing in Belgium and The Netherlands (Study 4). Study 1 shows that community-dwelling older adults' mental health is not significantly associated with their informal social participation and neither physical nor mental health is significantly correlated with formal social participation. In Study 4, older Chinese migrants with self-reported poor health status still engaged in social activities in Belgium and The Netherlands. An older adult with poor self-reported health status might be situated in a well-connected social environment which is conducive to social participation.

Furthermore, study 4 demonstrates that older Chinese adults with different ethnic and cultural backgrounds from local Western older people can engage in a wide range of social participation activities, which can be linked to the environmental function of support in environmental gerontology (Lawton, 1989). This environmental function of support refers to the environment's potential in fostering social behaviour outcomes or compensating for reduced physical or cognitive ability (Lawton, 1989). As an example, study 1 reveals that the longer people remain in their community, the more likely they are to engage in formal social participation. A possible explanation is that a longer length of living can predict increased level of connectedness in the community, which can serve as a pathway to increased social participation (Kim & Ball-Rokeach, 2006). Another example is that older residents in Chinese LTCs report to experience increased formal participation opportunities even though some of their old hobbies before relocation are lost (Study 2 & Study 3). Likewise, Chinese older migrants, who have experienced both residential and cultural environmental changes, are also able to restructure their portfolio of social participation activities through interaction between local western culture environment and Chinese culture heritage (Study 4).

Drawing from the above discussions, it is of prime importance to provide older adults with an empowering environment where they can be supported to make self-valued decisions to engage in social participation that are meaningful to them. Overall, the establishment of a portfolio of social participation activities, among a diverse population with different social

and cultural backgrounds, challenges the disengagement theory (Cumming & Henry, 1961). It is prescribed and anticipated with the disengagement theory that older adults in later life will gradually withdraw from society and social participation (Cumming & Henry, 1961). The findings also challenge paradigms of successful ageing (Rowe & Kahn, 1987) which arbitrarily classifies ageing into a dichotomy as either success or failure depending on an individual's health outcome without considering each ageing individual's life-course events and experiences.

## 1.2 Research objective 2: exploring the role of media usage on later-life social participation

The second research objective was to explore media usage in later life and how media usage among older adults is correlated with old-age participation. Looking at the changing and evolving media environment, from affordable newspapers in the 1850s (Meggs, 1988), to television in the 1960s (Abramson, 2003) and to Internet in the 1980s (Internet Society, 2019) both opportunities and challenges for social participation in later life through changing the ways how people get information about social participation opportunities are provided. For instance, new media technology, such as Internet, provides convenient ways for people to communicate with acquaintances or complete strangers (Boulianne, 2009). New media is also recognised as a source of information that people can avail to meet others who are interested in the same offline activities (Nimrod, 2014). However, the opportunities brought by the promising new media are not equal to everyone. There exists a grey digital divide (Millward, 2003) as older adults are lagging behind compared to younger cohorts. Older adults still greatly rely on traditional media. In study 1 for example, the research focus was on the role of both traditional and new media. Community-dwelling Flemish older adults indicated preferring traditional media usage (e.g. TV, newspaper, municipality leaflet) to new media usage, which is referred to as media traditionalism in existing research (Nimrod, 2017). 82% of the respondents read the newspaper at least once a week and 77.1% consulted their community newsletter (frequency of community newsletter readership is not included in the BAS questionnaire) while 28.42% with at least weekly Internet usage). Our findings corroborate previous research about older adults' media preference for traditional media in Korea (Kim, 2002). Based on a cross-European survey of 1039 Internet users aged 60 years and above, Nimrod (2017) found that despite the increasing users of Internet, older adults are significantly inclined to use traditional media with which they are more familiar with.

Of course, we should not dismiss the influence and potential role of new media: In one-on-one interviews with older Chinese migrants in study 4, they report to use Internet to stay connected with their faraway family members in China. It confirms previous research stating

that new media can facilitate the non-proximate network for older migrants to maintain transnational relationship with those remaining in their country of birth (Wilding & Baldassar, 2016).

### 1.3 Research objective 3: examining social participation after relocation to a Chinese LTC institution

The third research objective was to unravel the institutional social participation in later life in Chinese LTC institutions by exploring social participation changes and the related motivators and barriers. Older adults, who have experienced relocation to an LTC institution, might encounter discontinuity in their portfolio of social participation activities compared to those community-dwelling people who can lead a customary lifestyle (Benjamin, Edwards, Ploeg & Legault, 2014; Smith, Towers, Palmer, Beecham & Welch, 2018). Based on focus group interviews in two LTCs in China, relocation to an LTC institution was experienced on three aspects related to their social participation pattern. The first reported change was related to freedom from daily chores, which entails reduction of the activities in the domain of household chores as they were mostly taken care by the LTC staff. However, this finding should be approached with a critical point of view seen that freedom from daily chore activities does not necessarily indicate that doing daily activities means that older adults do nothing else. Some older residents, especially for those with declining functional ability, still value being able to do and insisted in completing “daily chore activities” such as dressing oneself or going to the toilet (Study 2 and Study 3).

The second change related to the relocation to an LTC was the increased choice of activity companionship, which appears both a blessing and a pain in study 2. It is a blessing for those who look for more companionship in later life and a pain for those who think that their privacy is compromised in institutional life. The third change was the revival of lost old hobbies with new ones. This change can be interpreted as a coping strategy when facing residential change or functional decline. This coping strategy when faced with potential loss of social participation opportunities (Study 2 & Study 3) challenges previous research that describe an LTC as a stigmatized place of inflexible routines, leading to identity loss, self-esteem decline and a reduced sense of personhood (Persson & Wästerfors, 2009; Ryvicker, 2009). Lost old hobbies can be caused by declining health which can also happen if one continues to stay at his or her own house and new hobbies developed might be related to the increased availabilities of formal social participation opportunities in LTC institutions. LTC institution can be a favourable environment to maintain and take up new activities for older Chinese residents. Formal social participation in LTC, for instance organized courses and activities by

the LTC, gives residents opportunities to try out things that they would have no access to if they had continued to stay in their own house (Study 2).

The findings of motivators to social participation identified in this dissertation have shown that there is a need to conceptualize healthy ageing beyond merely a biomedical model (Hansen-Kyle, 2005). Healthy ageing should be more than the absence of disease, the ability to overcome chronic illness or the elimination of risk factors that lead to disease, which is often prescribed in a medical model of healthy ageing (Hansen-Kyle, 2005). Rather, a public health framework for older adults' healthy ageing in later life should focus on older adults' individual ability to do things that they value and attach meaning to (Beard, 2017). In this sense, our finding of pursuit of meaningful ageing as motivator to social participation for older Chinese residents in LTC institutions support the rationale of expanding healthy ageing agenda to include social gerontology perspectives such as meaningful ageing. After all, study 3 points out that motivators to social participation are not only about the pursuit of healthy ageing. Meaningful ageing or the pursuit of meaning in life also appears a strong motivator to social participation in later life. Study 3 shows that older Chinese residents in long-term care institutions engage in social participation activities not merely for keeping themselves busy, but the sense of achievement and pursuit of earlier life dreams can also be the driving force to social participation in later life with possible functional decline. In this sense, older adults in LTC institutions should be given the freedom and be supported to make self-valued choices regarding social participation in their institutional later life.

The barriers to social participation, identified among older institutionalised older adults in study 3, are life-course experiences, LTC policy and Chinese national policy. Once again, the findings point to the failure of the predominant focus on individual responsibility to achieve healthy ageing, which regulates that the main means to healthy ageing is through self-correction in their dietary habits, exercise patterns and lifestyle habits (Ellingson & Conn, 2000). Since most of the barriers identified in study 3 are structural barriers (e.g. the life-course events under macro environmental factors of economic, political and social process), these barriers might fall out of ageing individuals' responsibility domain and cannot be overcome or eliminated with efforts in individual life-style changes. Lack of social participation in later life and adverse circumstances faced by older adults should not be understood as only the result or outcome of individual decision making.

The structural barriers reported by older Chinese residents residing in Chinese LTCs also relate to life-course cumulative disadvantages (Hudson, 2016) experienced by older Chinese adults. The cumulative disadvantages are the micro-level manifestation in older adults of the larger macro socio-economic forces that are beyond the control of an individual (Hudson,

## Chapter 6. Discussion, Limitations, and General Conclusions

2016). Older residents in study 3 attribute their lack of participation and lack of a hobby in later life to their laborious past lives. “Having a hobby is a luxury” is frequently mentioned by research participants in study 3. A possible explanation for a lack of hobbies might be that the majority of older adults over the age of 60, referred to as the lost generation, in China have gone through underdeveloped economic times and hardships during the Cultural Revolution (Bonnin, 2009; Sun, 2016). Also, the structural barrier of lack of time for social participation is mentioned by older Chinese migrants in study 4, who engage in restaurant business. The Chinese national policy-related barrier, such as strict admission regulation of the public LTC in Suzhou (e.g. Three Nos), is another example of macro policy influence (Leung, 2010).

### 1.4 Research objective 4: understanding the influence of Confucianism (cornerstone of Chinese culture) on social participation among older Chinese migrants

The fourth and last research objective of this dissertation is to understand the influence of Confucianism (cornerstone of Chinese culture) on social participation among older Chinese migrants in Belgium and The Netherlands. Prior research has shown that first-generation migrants still could be influenced by the culture of their home country no matter how long they stay in the host country (Chuang, 2012). Research has shown that Confucianism could influence students’ participation in sports activity by promoting anti-physical social culture in Taiwan, a Confucianist society in Eastern Asia (Yu & Bairner, 2011). To our best knowledge, our study (Study 4) is the first study to explore Confucianism’ influence on social participation among older Chinese migrants in European countries.

Study 4 discovered that the four principles of Confucianism (hierarchical relationship, family system, benevolence and emphasis on education) (Chen & Chung, 1994; Hofstede & Bond, 1988), as a double-edged sword, can serve as both motivators and barriers to the social participation of older Chinese migrants. Hierarchical relationships, the first principle of Confucianism, promote formal social participation, yet concurrently divide the Chinese community into smaller subgroups and endanger solidarity and informal participation within the Chinese community in Belgium and the Netherlands. With regard to the second principle of Confucianism, the family system which emphasizes intergenerational responsibility and obligation, older Chinese migrants might prioritise taking care of their grandchildren, resulting in less time for formal social participation. Benevolence, the third principle of Confucianism, restrains older Chinese migrants from formal political participation while encouraging them to attend informal community meetings where food is shared. The last and fourth principle

of emphasis on education, of which self-cultivation is an important aspect, helps older Chinese migrants to overcome negative emotional feelings of loneliness.

By illuminating how the four principles of Confucianism can act as motivators and barriers to older Chinese migrants' social participation, study 4 reveals the complexity of the influence of Confucianism on social participation among older Chinese migrants. The findings of study 4 confirm with cross-cultural acculturation theories among migrants suggesting that culture, posing possible barriers to migrants, can also be a source of strategies to cope with unwanted or unpreferable situations (Aldwin, 2007; Castro & Murray, 2010).

Besides, the cultural ideals and principles of Confucianism are also recognised to play a part in older Chinese LTC residents' experienced barriers of social participation. The principle of family system, the first cultural principle of Confucianism in study 4, can help explain why some residents in study 3 report negative emotions after their relocation. For example, when talking about the first days after relocation to an LTC, some residents in study 2 and study 3 relate their adjustment to institutional life as a difficult period as they felt that they had to overcome the feeling of being deserted or abandoned by their adult children. This finding is in accordance with the family system in Confucianism, which emphasises filial piety of adult children to their ageing parents (Chou, 2011). Influenced by a Confucianist culture, older Chinese residents would expect their adult children to be the main provider of care in their later life (Lee, Woo, & Mackenzie, 2012).

The findings also call for the inclusion of the dimension of culture in the conceptualization of healthy ageing. Healthy ageing for older adults is influenced by Eastern culture, the meaning and implications of the Eastern culture must be interpreted differently than the Western health discourse. For instance, in the model of healthy ageing for Thai older adults, three themes of normality, nature and dharma have been developed (Thiamwong, McManus & Suwanno, 2013). Normality means being a mentally active person with creative and thoughtful hobbies and work. The theme of nature means back to natural simple living and being careful with money. The theme of dhama includes practicing Buddhism and emphasising altruism by helping others without expecting anything in return. In this sense, a cultural dimension would enrich literature about healthy ageing by acknowledging older adults' heterogeneity in ethnic culture and their self-valued way of defining a good healthy later-life. Hence, which study 2, 3 and 4 emphasize.

## 2. Limitations

### 2.1 Limitations of the research methods

Both quantitative and qualitative research methods are used in this dissertation. Despite the fact that both methods have helped clarifying the research questions, there are also some limitations, each of which raises further questions to be addressed in future research.

The quantitative research method used in study 1 has revealed the statistical relation between media usage and social participation in later life by regression analysis (N=36,282). However, the data fails to elucidate the causal influence of media usage on older adults' social participation, which can only be explored further with longitudinal research (Nonaka et al., 2017). The longitudinal nature of such studies allows researchers to do follow-up investigations into how the continual usage of different contents in both traditional media and new media can impact on older adults' social participation.

Another limitation in study 1 is about the content of the survey of the Belgian Ageing Studies. The questions about media usage in the survey do not include the variable of radio usage in its questionnaire. The lack of radio usage in the analysis of study 1 makes the exploration of traditional media not inclusive. Radio is recognised to be an important domain of traditional media usage as research in the United States found that radio usage can increase people's social participation in political activities (de Rooij & Green, 2017). Besides, the quantitative nature of study 1 also fails to capture the influence of the contents of media usage on social participation in later life. For instance, findings of study 1 reveal that Internet usage is positively correlated with social participation in later life. However, the research question of which specific Internet usage pattern (e.g. browsing social network websites, emailing family and friends or using Skype with friends) can positively influence social participation in later life, remains unaddressed. The positive association of newspaper and community newsletter readership is also unable to answer the research question of what types of information in newspapers or community newsletters are conducive to higher levels of social participation. These questions can be further explored with qualitative research revealing older media users' experience.

The focus group research method adopted in study 2 and study 3 in a sense facilitates a wide range of answers and provides a forum for participants to discuss and explore experience (Boger et al., 2015). Focus groups do not aim to reach consensus on the discussed issues rather "encourage a range of responses which provide a greater understanding of the attitudes, behaviour, opinions or perceptions of the participants on the research issues" (Hennink, 2007, p.6). According to Liamputtong (2011, p.4), focus groups are "a research tool

that gives a voice to the research participants by giving him or her an opportunity to define what is relevant and important to understand his or her experience” However, the limitations of focus group interviews are also present. Social desirability in the group dynamics might have affected the expression of a certain participant with different opinions and the tendency to argue altruistically rather than selfishly (Fisher, 1993). Likewise, the inclusion of a registered nurse in each focus group may also have affected data due to the existence of power hierarchy in the group setting (Boger et al., 2015). Residents in the focus group discussion might have avoided talking about negative aspects of LTC because of the presence of a registered nurse.

The qualitative method of one-to-one in-depth interview in study 4 might not have been the best method to explore the topic of social participation in the migration context: in the process of answering culture-related questions, for participants with a lower level of education it took quite some time to think of an experience related to the Chinese culture. To overcome this limitation of one-to-one in-depth interviews, future research can adopt a vignette study method (Finch, 1987; Turper, 2017), which provides a hypothetical situation regarding the intended research topics. With the answers of participants to a hypothetical situation, their perceptions, values and attitudes towards an abstract topic like culture can be better explored. For instance, a study to document public morality of family obligations to one’s relatives can adopt the following vignette or imagined situation.

*“suppose an older couple need money to redecorate their home.  
Do you think that relatives should offer to have the work done?”*

There will be pre-coded choices made easy for the respondent to answer: yes, no, don’t know and it depends. If the answer of a research participant is “it depends”, a follow-up open ended question will be asked “what would it depend on? (Finch, 1987). This approach of vignette can be a rewarding way to explore into the topic of culture’s influence on social behaviour outcome such as social participation.

## 2.2 Limitations of the samples

In this dissertation, various samples are used to address the research gaps: older community-dwelling adults in Belgium (N= 36,282), older residents living in Chinese LTC institutions (N=40) and older Chinese migrants living in Belgium and the Netherlands (N=28). The limitation of these samples should be noted.

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The sample of media users in study 1 is limited in a sense that the research only includes community-dwelling older adults in the Flanders region of Belgium and does not have older adults residing in LTC institutions. Expanding the research sample to LTC institutions could be interesting as study 2 and study 3 show that older residents in LTC institutions use new media to stay in contact with their family and get information about the outside world.

The sample of study 2 and study 3 is quite limited due to the qualitative nature. It would be beneficial for future studies to establish a large dataset of LTC residents in every province in China. A large dataset would allow inter-regional comparison and serve as a national representative sample into social participation of older adults who have experienced residential relocation in later life. The comparison between older residents residing in urban or rural areas in China would allow researchers to explore topics like unequal access to health-care services as determinant for social participation of urban and rural dwelling older adults.

The qualitative study 2 and study 3 aimed to explore social participation in Chinese LTC institutions and the changes in their portfolio of social participation activities after relocation. By recruiting 40 participants, data saturation was achieved according to the requirements of qualitative research methodology (Ando et al., 2014). Despite the fact that the two qualitative studies reveal older residents' lived experiences about their social participation after relocation, the small sample is limited in such ways that the findings might not be representative to all the cities in China and the inclusion of more LTC institutions might elicit different research results. For instance, the portfolio of social participation activities established in study 2 might be limited and needs to be expanded by including more Chinese LTC institutions in the study. As the sample in study 2 and study 3 involves only older people from two LTC institutions in urban areas of China. Those living in rural areas and making up the majority of older population in China are left out of the picture (Du, 2013).

A final sample limitation is that of study 4 which recruited 28 older Chinese migrants based on a convenience sampling, which relied on key informants, mostly social workers in activity centres for older people. This might result in possible selection bias seen that frailer older migrants, who do not frequent activity centres, are unrepresented (In the Netherlands, 19 older migrants are interviewed in the activity centres while only 2 frail older migrants at their own home).

### 3. Directions for future research

The above study results and limitations in this dissertation give four main directions for future research on social participation.

#### 3.1 Incorporating life-course perspective

Understanding older adults' social participation in later life requires the adoption of a life-course perspective in which an individual's life experiences and the societal and cultural context an individual is situated (Arber, Fenn & Meadows, 2014; Kendig, Loh, O'Loughlin, Byles, & Nazroo, 2016). Adopting a life-course perspective will enrich social participation research, will give a more comprehensive picture of the ageing individuals and will reveal later-life inequality among the ageing population (Marshall, 2009). As social participation is a dynamic concept rather than static, older adults can be a participant or non-participant in different social activities throughout the life course, and each time for different reasons related to their life experiences (Ang, 2018). Getting to know their life courses, life events and age-related changes can enable researchers to better understand their motivators and barriers in terms of social participation (e.g. Study 3).

Among the four studies in this dissertation, only a small part of Study 3 has touched upon lived events from a life-course perspective. The adoption of a life-course perspective in analysing the interview data (e.g., the hardships they went through in earlier life, less informal care resource from family due to China's one-child policy, etc.) has been found very rewarding in understanding older Chinese residents' experienced structural barriers. However, the influence of life-course events has not been reflected in other studies in this dissertation due to the limited length of my Ph.D. journey.

It would be rewarding to explore in the future, for instance, 1) how the history of media usage influenced older adults' media usage in later life as pathway to influence social participation in later life and 2) how migration history, older migrants' life story and earlier life experience influence their social participation in their residency country. These questions can better be answered by understanding ageing individuals' changing culture, economic, social, historical and geographical situations from a life-course perspective. Future research can conduct longitudinal qualitative research, a research method that allows to explore an ageing person's life story and how experienced life journeys have influenced their old-age social participation (Carduff, Murray & Kendall, 2015). Longitudinal qualitative research enables a more nuanced understanding of life-course changes over time, how and why these

changes happen, and the implications for experience of social life (Holland, Thomson & Henderson, 2006; Carduff, Murray & Kendall, 2015).

### 3.2 A Media-friendly society within the age-friendly cities agenda

Age-friendly cities is a major policy reaction to meet the needs and aspirations of older adults. An age-friendly environment includes both physical environment and social environment (Buffel, Phillipson & Scharf, 2012; Cramm, Van Dijk & Nieboer, 2016). Features of age-friendly physical environments can be accessible museums, libraries, parks and barrier-free communal spaces to improve quality of life in older age. Physical age-friendly environment is of importance as researchers have found that older people with access to facilities like pubs, corners shops and parks have higher level of social participation (Richard, Gauvin, Gosselin, & Laforest, 2009). Age-friendly social environment can be a society free of ageism and age discrimination, stigmatising and homogenous stereotype of the older population (Swift, Abrams, Drury, & Lamont, 2016). A suggestion for future research is to include media environment as one important dimension of age friendliness in the research agenda. The rationale for media environment inclusion is that the new media environment of this century has a far-reaching impact on social life and social participation including political participation (Robinson, 2011). A media-friendly society should be a place where older adults' social participation opportunity is maximized through media environment modifications that are friendly and easy to access and can be understood in a simple way by its users such as older adults. Future media-friendly research can explore how a media-friendly society should be constructed by involving the experience and opinions of older adults. The dynamics of interaction between a media-friendliness and age-friendliness should also be explored. For instance, questions such as how media friendliness affects the age-friendliness cities should be explored by future research.

### 3.3 Person-centred care research and the inclusion of staff experience in Chinese long-term care research

Another research direction is to explore how the institutional participation agenda can fit into the existing person-centred care model, which has been advocated in LTC institutions to increase residents' quality of life. Person-centered care includes the use of specific biographical knowledge of older adults and subjective experiences of everyday life, to encourage the continuation of daily activities even when older adults are confronted with

dependency or institutionalisation (McCormack & McCance, 2006. Edvardsson, Winblad & Sandman, 2008). The knowledge about the individuals' daily life experiences and preferences, gained from implementing person-centred care, has the potential to inform effective interventions to increase the participation level among residents. As it is pointed out in Study 2 and Study 3, individual life experiences can serve either as a motivator or as a barrier to their social participation in an LTC institution.

Apart from involving older residents' lived experiences to promote institutional participation, it would also be recommendable for future studies to research into LTC staff experience in Chinese LTCs, which can help inform evidence-based practice. Existing research has shown that the staff is an important factor for quality of life in LTC institutions (Havig, Skogstad, Kjekshus, & Romøren, 2011). Previous research has identified that staff can play an important role in devising participation activities in western countries. For instance, LTC staff can lead cost-effective activity programs which require the minimal equipment (Shakeel, Newhouse, Malik & Heckman, 2015). Reminiscence activity (designed to activate people's memory and think about their personal past experience) adopted by LTC staff is beneficial for residents' finding meaning in life (Kris, Henkel, Krauss, & Birney, 2017). More research into staff's role in Chinese LTCs can add to our knowledge about evidence-informed good practices regarding how to involve staff in the designing process of social participation programs for older people.

Inclusion of staff experience in Chinese LTCs can help elucidate what staff see as facilitator or barrier to older residents' social participation. In particular, as front-line care givers, they can help answer questions such as how older residents can be supported by LTC to make self-valued decisions regarding social participation. Incorporating staff in LTC participation research might have the potential to contribute to the understanding of LTC culture and its priority in devising social participation activities for older residents. Previous research has shown that LTC culture is of importance as it influences how dedicated LTC institutions are into relationship building, which can produce difference in residents' social participation and health outcome (Palmer, Parker, Berlowitz, Snow, & Hartmann, 2018).

### 3.4 Towards a cultural understanding of social participation and ageing well among older Chinese migrants

By looking back to the social gerontology theories discussed in the introductory chapter, the discourse of many theories is shaped by the cultural environment older adults are situated in. For instance, the much-debated successful ageing paradigm (Rowe & Kahn, 1987) is actually shaped by the American individualist culture which emphasizes on individual

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responsibility (Katz & Calasanti, 2014). In the book by Rowe and Kahn (1998, p18), “our main message is that we can have a dramatic impact on our own success or failure in ageing. Far more than is usually assumed, successful ageing is in our own hands”. In that sense, it would be necessary for future ageing research to strive towards a culture that also understands the context of the Eastern culture and also applies this when developing a policy framework on ageing seen that the current ageing policy framework, policies and theories focusing on ageing are currently developed in the western cultural context. For instance, the successful and healthy ageing paradigm conceived in the individual culture environment, which emphasize individuals’ responsibility for ageing well in later life, may not be applicable to older migrants influenced by the Eastern collectivist society.

As shown by Study 2, 3, and 4, older Chinese adults might interpret social participation differently from their western counterparts. Social participation within the family domain is a central part of informal social participation for older Chinese people (Du & Wang, 2012). Western older people might value connection with their society as an important aspect of social participation (Hauge & Kirkevold, 2010). As current migration and cultural research often adopts a Western-centred point of view and “othering” Eastern cultures (Said, 1993; Nurullah, 2010), future research could contribute by exploring older Chinese adults’ culture-specific understanding about social participation.

A culture-specific understanding of social participation in older Chinese migrants, informed by their own lived experience in Belgium and The Netherlands can add to social gerontology research among the group of older migrants. It would also benefit future research to explore the changed patterns of social participation after migration and how older migrants especially minority older migrants, faced with possible participation opportunity losses, restructure social participation. For instance, the effect of current social integration programs on social participation in older Chinese migrants is also a fruitful area to explore. Future research can also adopt the novel research method of recruiting older minority migrants as research volunteers (or participatory research) to collect data. The process of working with minority migrants will contribute to fundamental academic understanding of the challenges and opportunities of co-researching with a minority migrant group.

In terms of theory development, the inclusion of the dimension of the cultural environment can be the direction for future development of environmental gerontology. Since environmental gerontology emphasizes the interaction between ageing persons and their environment as an important factor in determining social outcome of older adults (Lawton, 1989, p17), the cultural environment can be an interesting dimension for research, especially in the case of older minority migrants. How does the fit between culture environment (in the residency country) and the ageing migrants influence their social behaviour outcome including social participation? The answer to this question would require

the construct of a measurable culture scale, for instance, value orientations that shape a culture. According to Torres (2001), value orientations shape specific culture beliefs. The theoretical development of an exhaustive value orientations that shape individuals' cultural beliefs would make a major contribution to the advance of cultural environmental gerontology.

## **4. Policy recommendations informed by key findings**

### **4.1 Respect older adults' media preference and remove barriers in a digital inclusive society**

Study 1 has shown the association between two important aspects of today's ageing society: older adults' social participation and media usage. New media usage is already attracting increasing research attention (Boulianne, 2009; Ihm & Hsieh, 2015; Mosca & Quaranta, 2016; Quinn, 2016), as it is expected to provide new opportunities and platforms for facilitating social participation. However, this dissertation shows that older adults in the Flanders region of Belgium still have a preference for traditional media usage. The finding has implications for policy-makers not to forget the roles of newspapers and community newsletters in promoting older adults' social participation. Including older people in our ever-digitalized world and removing structural barriers to their social participation are key policy focuses on building an inclusive society. In the process of attaining these goals, it is also crucial to take advantage of older adults' new and traditional media usage. Government or local community in charge of devising social participation programs for older people should for instance advocate and facilitate older adults' new media usage by workshops in different residential environments (e.g. community, long-term care institutions). In the meantime, relevant government staff should continue to avail of traditional media platforms to advertise information regarding social participation to include those who are not frequent users of new media.

Besides respecting older adults' traditional media usage preference, the target group of new media skill improvement should also be broadened to include older migrants. Previous research shows that new media usage among older migrants can be a way to maintain transnational ties and offer transnational solutions to loneliness (Wilding & Baldassar, 2018). For instance, a media-friendly society enables older migrants to maintain informal social participation within the family by wishing a faraway grandchild good luck with upcoming exam or video talking with adult child once in a while.

## 4.2 Prioritize active and meaningful participation to realize healthy ageing among LTC residents

Social participation policy should also aim to include in their policy agenda a specific section on institutionalised older adults with potentially reduced functional ability in order to facilitate their social participation. LTC residents' potential in social participation should be fully tapped and realized in their institutional life by building an empowering environment and removing barriers to social participation while respecting those who, for instance, refrain from physical activity participation because of a laborious earlier life trajectory.

This dissertation unravels that older people after relocation to LTC institution can still engage in various domains of both informal and formal social participation. This finding will contribute to current policy discussions concerning healthy ageing, in which social participation has been shown to be of prime importance. While social participation is often discussed from a youthful and middle-aged perspective, older and sometimes frail adults residing in LTC with possibly reduced functional ability should also be on the agenda in terms of promoting older adults' active and healthy ageing. Ageing policy needs to provide choices for life to be lived at all stages (Clarke & Warren, 2007) including within LTC institutions. LTC policy support individual residents' dreams, wishes, and preferences in terms of social participation. It is shown in Study 3 that older adults are motivated to pursue their earlier dream.

LTC policy should shift away from a predominant focus on a medical model, or nursing model, care provision, which takes care of residents' physical needs, but not their mental and social needs (Barkay & Tabak, 2002). In fact, Western LTC institutions are criticized for prioritising quality of care and medical and physical aspects central when assessing LTC quality (Adra, Hopton, & Keady, 2015; Degenholtz, Kane, Kane, Bershadsky, & Kling, 2006). Chinese LTCs are also identified by prior research to exclusively prioritize care skill training, security education and other quality-of-care indicators (e.g. incidence of pressure ulcers) in their skill training (Wang & Wu, 2016). Medical model, in order to protect older residents from possible injury during bathing, applies to all residents without considering their individualized ability. The medical model defines older adults as frail and can sometimes reinforce ageist beliefs that older residents have lower abilities (Barkay & Tabak, 2002). It is time for LTC institutions to put social participation on their agenda as it is shown by existing research that a broad definition of active ageing (including meaningful participation) is crucial for older residents' welling being (Van Malderen, 2013).

A broad definition of social participation means that LTC institutions should focus not only on physical health related activities but also devise activities that are meaningful to older residents. Especially, these meaningful activities should be associated with the life-courses of the residents, life styles and the dreams they (still) cherish deep in their hearts. Residents in Chinese LTCs engage in social participation not just to keep them busy but also to find a sense of achievement and being useful. Therefore, LTCs should understand older residents' pursuit in that regard and make it a priority when devising activities. Except for satisfying resident's need for care and nursing, LTCs should also endeavour to make the institution a home for older residents, which is recognised to be a motivator for older residents' social participation in Study 3. Besides, the identified barriers can also serve as impetus for further recommendations. Nursing homes and relevant Chinese policy makers are advised to identify and overcome barriers related to life-course experiences, long-term-care related barriers and Chinese policy-related barriers (e.g. strict admission criteria to public welfare LTC institutions) in order to maximize opportunities for residents' institutional social participation.

#### 4.3 Embrace cultural diversity to promote social participation among ethnic minority migrants

The findings of Study 4 show that Chinese culture is like a double-edged sword in terms of its influence on social participation among older Chinese migrants after relocation to Belgium and The Netherlands. The four principles of Confucianism, cornerstone of Chinese culture have positive and negative effects on older Chinese migrants' social participation. Policy makers should understand the teachings of Chinese culture and its influence on social participation before devising participation programs for minority Chinese migrants. More activities for the Chinese older people can be developed in cooperation with Chinese associations for older people as loyalty and familiarity with other members in this subgroup can motivate older Chinese migrants to engage in formal social participation. Besides, the timing of activities should consider older Chinese migrants' priority for grand-parenting and avoid the 'peak hours' when older people prefer to be with the family. Lastly, food enjoyment is found to be highly valued by older Chinese migrants. In that regard, more activities can incorporate food-sharing. As shown in study 4, a few interviewees complained about the government prohibiting them from bringing their own food into the activity venue to share with other participants. These activity venues are sometimes sponsored by the government and prohibiting their own food can be out of consideration of keeping a hygiene place. Finally, government agencies that offer language inclusion courses should also take into account the learning preference of older Chinese migrants in order to avoid classroom uncertainty.

## 5. General Conclusion

This Ph.D. dissertation contributes to current ageing research by adopting diverse samples and research methods in approaching the research topic of social participation in later life. Older adults' social participation (both at home and in the nursing home), media usage, changed residential place, the life experience of migration and culture are explored in their relation to social participation. Research samples in this dissertation include community-dwelling older adults in Belgium's Flanders region, older residents in two Chinese cities, and first-generation older Chinese migrants residing in Belgium and The Netherlands.

The findings of this dissertation illustrate that older adults, including those with possibly declining functional abilities in long-term care institutions, are capable of participating in a wide range of both formal and informal social participation activities. The influencing factors of social participation in old age can be their media usage, relocation experience and cultural experience. In particular, new media usage can be promoted for increasing older adults' participation level while taking into account the fact that older adults still have a preference for traditional media usage. Relocation to long-term care (LTC) institutions does not necessarily mean that older residents will withdraw from social participation. LTC staff should be aware of their potential in devising social participation programs, not restricted to physical activity but offer a portfolio of activities. Social participation programs should also be linked with the residents' life-course experiences to overcome their reported barriers related to social participation. Chinese culture can also be a double-edged sword, both a motivator and a barrier, to older Chinese migrants' social participation. The dissertation contributes to a greater understanding of how older adults in their later life engage in social participation when faced with environmental challenges. The dissertation puts forward three policy recommendations regarding promoting old-age social participation in different environments: 1) respect older adults' media preference in a digital inclusive society, 2) prioritize meaningful participation to realize healthy ageing among LTC residents and 3) embrace cultural diversity to promote social participation among ethnic minority migrants.

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## Chapter 6. Discussion, Limitations, and General Conclusions

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## Academic Curriculum Vitae

Honghui Pan is currently a Ph.D. researcher in Belgian Ageing Studies of Vrije Universiteit Brussel. Her Ph.D. research topics are ageing and media usage, social participation, active and healthy ageing in the context of migration, long-term care, etc. As a first-generation migrant herself, she is tremendously interested in potential of Information Communication Technology (ICT) in building a transnational network for ageing migrants in Europe and how virtual transnational network can affect older migrants' social participation in the host society. Part of her Ph.D. research has focused on cultural implications for social participation in later life.

During her Ph.D. journey, she has published in peer-reviewed journals with high impact factor (indexed in *SCI*, *SSCI*, *web of science*, etc.) and she has presented over 10 papers at international conferences. She has also co-authored several papers within the research group of Belgian Ageing Studies. The papers that she has co-authored have dealt with a variety of issues in ageing, such as social participation among frail older people, validation of later-life participation barrier scales and learning participation of older adults. She has presented her research in academic conferences in Frankfurt, The Hague, Swansea (Wales), Pécs (Hungary), Madrid (Spain) and Tokyo (Japan).

### Scientific Publications

- Pan, H.**, Liesbeth De Donder, Sarah Dury, Renfeng Wang, Nico De Witte & Dominique Verté (2018): Social participation among older adults in Belgium's Flanders region: exploring the roles of both new and old media usage, *Information, Communication & Society*, DOI: 10.1080/1369118X.2018.1473460 (*Impact Factor: 3.082*)
- Pan, H.** (2016). Prospects for Sino-Turkish Relations: unlikely partnership or uncertain complex? *China Quarterly of International Strategic Studies*, 2(1), 101–117. DOI: 10.1142/S237774001650007X (peer-reviewed & open access)
- Wang, R., De Donder, L., De Backer, F., Triquet, K., Li S., **Pan, H.**, Valerie Thomas & Koen Lombaerts (2018): Exploring the association of learning participation with the quality of life of older Chinese adults: A mixed methods approach, *Educational Gerontology*, DOI: 10.1080/03601277.2018.1481185 (*Impact Factor: 0.674*)
- Wang, R., De Donder, L., De Backer, F., Shihua, L., **Pan, H.**, Thomas, V., ... Lombaerts, K. (2016). Back to school in later life: Older Chinese adults' perspectives on learning participation barriers. *Educational Gerontology*, 42(9), 646–659.  
<https://doi.org/10.1080/03601277.2016.1205385> (*Impact factor: 0.674*)

### **Conference papers**

- Pan, H.** (2016, March). Comparative studies of social participation of older adults in Belgium and China. Oral presentation at European Network on Intercultural Elderly Care. Frankfurt, Germany.
- Pan, H., De Donder, L., Dury, S., Wang, R., De Witte, N., & Verté, D.** (2016, September). Older people's Information Literacy and Social participation. Oral presentation at the *European Sociological Association Mid-term conference*, Frankfurt University, Germany.
- Pan, H., De Donder, L., Dury, S., Wang, R., De Witte, N., & Verté, D.** (2017, July). Social Participation and New and Old Media Usage. Poster presentation at the *46th annual BSG conference*, Swansea University, United Kingdom.
- Pan, H., Dury, S., Lehto, V., Wang, R., Duppen, D., De Donder, L.** (2018, September). Social participation among older residents in China's long-term care institutions and their self-reported participation change after relocation. Oral Presentation at Aging and Society: Eighth Interdisciplinary Conference, Toyo University, Tokyo.
- Pan, H., Fokkema, T., De Donder, L., Dury, S., Wang, R.** (April, 2018). Confucianism and activity participation among first-generation Chinese older migrants in Belgium and the Netherlands. Oral presentation at European Network on Intercultural Elderly Care. Frankfurt, Germany. El Escorial, Madrid, Spain.

### **Applied Science Contribution**

- Pan, H. (2016).** Chinese Tradities in de westerse gezondheidszorg. *Deneutrale*, 12, November, 11-14. Interviewed by Ann Claeys (online open access to Dutch health-care practitioner)

### **Scientific awards**

**Full** scholarship awardee of COST Action CA15122 from European Union in 2017

### **Research Stays:**

During my Ph.D. journey, I had two long research stays outside Belgium. The first one was one week University of Camerino, Italy from 16 to 23 September 2017. In May 2017, the European project of ROSEnet (Reducing Old-Age Social Exclusion in Research and Policy) launched its call to sponsor Ph.D. researchers to attend its training school, aimed at overcoming gaps in ageing research and later-life inequality. It was competitive and I was one of the few Ph.D candidates worldwide who received full funding of €1200. This European training school helped me gain necessary modelling skills of ageing studies from Kieran Walsh and enabled me to build a strong academic network in the field of aging with researchers from Belgium, Netherlands, Finland, Russia, Italy and the UK.

Besides, I stayed in prestigious demographic research centre of Netherland Interdisciplinary Demographic Institute (NIDI) for two weeks from 16 to 30 November 2017. In NIDI, I established contacts with key informants (activity center staff and social workers) working with older Chinese migrants and cooperated with the Tineke Fokkema (expert on ageing and migrant research) on the article focusing on Chinese culture's influence on older Chinese migrants' participation in Belgium and the Netherlands. During my stay in NIDI from November 2017 to March 2018, I collected data of older Chinese migrants in five Netherlands cities (the Hague, Rotterdam, Amsterdam, Nijmegen and Arlen).