

I LIKE HERE, BECAUSE I FEEL FREE

The Chinese Elderly Peoples' Experiences in one of Long-Term Care Institutions

Hongbo Zhang

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JYVÄSKYLÄN AMMATTIKORKEAKOULU
JAMK UNIVERSITY OF APPLIED SCIENCES



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Abstract <p>The purpose of the study was to identify elderly residents' experience in one of long-term care institutions in Beijing, China. The aim of the study was to increase awareness of nurses about quality of life for elderly residents. Thus the information may be used to improve the quality of life for elderly in long-term care.</p> <p>The method of semi-structured interview with an open-end question guide was used in this qualitative study. Purposive sampling was used to identify the interviewees. The interview was tape recorded and the researcher took written notes of some important information. The transcription and data analysis were originally in Chinese and the researcher translated the results into English. Content analysis was used in the data analysis.</p> <p>The results of the study indicated that elderly experiences of quality of life in long-term care were connecting with social, physical and psychological aspects. A lack of time to talk with care givers, finances issue and self-management of daily life were very important factors for keeping high quality of life of elderly. Meanwhile, alleviation of loneliness, respect on elderly dignity, meeting the need of privacy and autonomy, providing comfortable living condition and reconsidering of the environment of institution were the vital issues to keep quality of life for elderly in long-term care.</p>		
Keywords Quality of Life, Elderly, Long-Term Care,		
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1 INTRODUCTION

From 2000 to 2050, the world's population of aged 60 and over will be more than triple, increasing from 600 million to 2 billion, which is mostly occurring in developing countries. Longevity of population can be seen as a success of public health policies and social-economic development.

However, it is also a new challenge for the society to adapt this change, in order to maximize the health and functional capacity of older people as well as their social participation and security. (What are the public health implications of global ageing 2006.)

China as a developing country has developed dramatically during the last thirty years. Meanwhile, a nationwide birth control policy, namely one-child policy, which restricting couples to having only one child has applied since 1979. (Flaherty, Liu, Ding, Dong, Ding, Li & Xiao 2007.) In the year 2005, the amount of people aged over 65 was 100 million and that is expected to reach 400 million in 2050, which will account for one quarter of the total national population (National 1% Population Sample Survey bulletin main data Statistics China at 2005, 2006). Accordingly, the primary mission of Chinese society is to maintain elderly people's health and functional capacity (China Economic 2011).

Traditionally, Chinese elderly are taken care by their sons and elderly people usually stay at home (Kao & Fen 2003). Because of the rapid development in economy, young people are moving from countryside to cities, from one city to another or even to abroad which has resulted that many elderly people are left at home alone (Guo 2009). According to Pekkarinen (2007, 49), elderly people who most often require the long-term care facilities because of their body functional decline. The only choice for many children is to send the elderly to the long-term care institution

because of their absence from home and parents' declined function. Since 2001, the number of nursing homes for elderly has increased dramatically in China and the research for elderly people's life in long-term care center are also needed urgently (Chu & Chi 2008).

In China, most of caregivers in long-term care institutions have received very little training in elderly care since the education of modern elderly care has appeared in China only recently (Chu & Chi 2008). According to Bowers, Clark, Crosby, Easterbrook, Macadam, MacDonald, Macfarlane, Maclean, Patel, Runicles, Oshinaike & Smith (2009, 5-9) the voices of older people with significant support needs are rarely heard. Similarly, Kane (2003) claimed that evaluating the aspects of elderly living quality of life is difficult. Because care centers are not places to express personal feelings easily and the residents need encouragement and support to do so (Bowers et al. 2009, 5-9).

The purpose of the study was to identify elderly residents' experience in one of long-term care institutions in Beijing, China. The aim of the study was to increase awareness of nurses about quality of life for elderly residents. Thus the information may be used to improve the quality of life for elderly in long-term care.

2 LONG-TERM CARE FOR ELDERLY

2.1 Definition of Long-Term Care

Long-term care is broadly defined list as health care, personal care, and social services generally provided over a sustained period of time to persons

which chronic conditions and with functional limitations (Wunderlich & Kohler 2001, 27-28). Beside Lippo (2006) stated that Long-term care should be seen in a wide context, as a continuum of care where support for independent living in various ways, support services in open care or special housing. In Finland, long-term care is defined as over-90-days care in an institution and it can be in nursing and service home, in health center and in hospitals (Einio 2010, 27-35).

The WHO definition of long-term care is ensuring that an individual who is not fully capable of long-term self-care can maintain the best possible quality of life; it may be home base or institutional (WHO Study Group 2000).

Long-Term care for Elderly in Institutions

Age reduces the function of daily living activities and with various diseases the function remains less, therefore the need of long-term care services increased (Teeri, Leino-Kilpi & Välimäki 2006). Similarly Pekkarinen (2007, 49) states that the reason of elderly people admitted to long-term care facilities is their functional decline. Naturally the oldest and frailest persons are most often admitted to long-term care facilities (Official Statistics of Finland 2007).

Long-term care for older people is provided mostly in nursing homes, service homes with twenty-four hour care, and health centers (Einio 2010, 27). Long-term-care services support daily living activities of people with functional limitation. The objective of the former service is assistance with everyday living function rather than cure of disease. (Blumenthal, Moon, Warshawsky & Boccuti 2003, 34.) High quality institutional care, respects peoples' preferences, human rights, and dignity (Zhang & Dong 2009).

2.2 Elderly Care in China

Chinese highly respect elderly people. "If you want to succeed, ask three old people for advice." this is Chinese vulgarism. Chinese believe elderly people are wisdom and need to be highly respected. According traditional belief among Chinese, sons should take care of their parents when they get old (Kao & Fen 2003). Even today those beliefs are still strongly in rural area, which constitutes 80% of Chinese population (Flaherty et al. 2007). Traditional elder cares are home based which means the elders stay in home, and their children, often the son's family, take care of them. (Kao & Fen 2003.) The Chinese proverb, "Having son makes one's old age secure," well describes the situation of Chinese elderly care. Furthermore in Chinese culture, any individual's behavior is highly criticized by the whole society. In the past, those who stay in the public long-term care institution are people who do not have child. The elderly people who have children may experience pressure from the society if they chose to live in the long-term care center (Kao & Fen 2003).

However in the past three decades, as the result of the one child policy, the child has to take care of more than four elderly people (Flaherty et al. 2007). In addition the increasing longevity linked with a reduction of severe morbidity and disability improved the need of long-term care (Manton 1982, 183-244). Therefore the one child take of all his elders is obviously not possible. Not only that, with the rapid economic development, this resulted in the model of nuclear family became more and more common in China (Yi & Yan 2008).

Although institutionalizing elderly care center is against the traditional Chinese family values, the reality of modern life gives many families little choice (Kao & Fen 2003). Since the public long-term care instituted for

elderly only accept those who do not have children, the private institutes of elderly care are increased (Hu, Xiong, Zhang, Tian & Xu 2009; Yi & Yan 2009). The research in ShenZhen City shows, long-term care center for elderly contain 73% of private paid and 27% paid by government (Yi & Yan 2008).

2.3 Elderly Care in one of Beijing Institutions

In Beijing which is the capital city of China, per-capital gross domestic product in 2009 was 6200 €, and disposable personal income was about 250 € per month (Guo 2009). According to Beijing Municipal Committee on Aging (2010), the average pension for the retired people was about 180 € per month and about 80% of the elderly people covered by the social security health system. 2.2% of the elders are covered by the low-income social security system by which they receive 50€ per month personal income.

According to the Xinhua News Beijing had total population of over thirteen million in the year 2000 in which 1.7 million people aged over 65 which accounts for 13.4% of the city's total population. According to Qian (2009) Beijing had 339 units of nursing homes with total about 40,000 beds, 125 units are private home nurse center, about 19000 beds.

The institute be researched is located in northern part of Beijing which is a popular private elderly care home. The expenditure is about 160€ monthly compared to the cost from 50€ to 500€ per month among other elderly nursing centers (Beijing the charging different between elderly centers 2007). According to the manager of the institute, the institute was founded three years ago, which used to be an old factory. It has 150 beds available.

130 to 140 elderly are living in the center and they are taken care by approximate forty staffs. It has very small area and with a little garden. Outside of the area was open farmland. A small village was located about 500 meters away from the institution. (Wang 2009.)

3 QUALITY OF LIFE

3.1 Quality of Life as a Concept

Quality of life (QOL) includes the individual's health, psychosocial well-being and functioning, independence, control over life, material circumstances and the external environment. QOL reflects both societal, and individual. (Bowling 2005, 9.)

Kane (2003) states that, QOL is contrasted with more narrow outcomes related to physical health, which contains mobility, self-care, usual activities, discomfort and anxiety. Meanwhile, USA emphasized that the quality of life includes: adaptability, autonomy, activity, cognitive competence, control over life, life satisfaction, optimization and compensatory strategies, personal growth, retention of independence, self-efficacy, social role functioning and well-being (Bowling 2005, 9).

World Health Organization gave the definition of QOL with a range of physical, functional, psychological, and social and satisfaction elements (Kuyken & Orley 1994).

3.2 Factors Relate to Quality of Life of Aging

3.2.1 Autonomy

Autonomy as a concept that can be interpreted in two ways: it can mean either someone's right to something or someone's capacity for doing something (Hildén & Honkasalo 2006). For elderly people having good health and physical function are necessary for maintaining social activities thus having the capability to join the social activities by their own (Bowling 2005, 70). Furthermore, keeping good health and physical function can also enable the elderly to get more information to gain their right to do things (Hildén & Honkasalo 2006).

According to Terri, Leino-Kilpi & Välimäki (2006) that, autonomy refers to decisions and activities based on an individual's own choices. Similarly, the principle of elderly autonomy conveys the idea of clarifying and respecting the elderly wishes (Hildén & Honkasalo 2006). Many everyday problems in long-term care have to do with autonomy, the problems such as the freedom of movement for elderly (Terri et al. 2006).

Institutionalization may in itself contribute to a sense of reduced autonomy (Terri et al. 2006). For examples, a general observation showed that 80-85% part of the day is spent indoor for older people in Sweden (Walker 2005, 13). People who strongly believe with they will living in an institution for the rest of their lives combining with the cost of their health reduce autonomy more (Terri et al. 2006). Therefore nursing homes aim to provide the best QOL and autonomy for resident's Long-term care for older adults (Wykle & Roberts 2001).

3.2.2 Integrity

Integrity contents work, family and respect from others for aging people. (Guzman, Shim, Sia, Siazon, Sibal & Simeon, 2011) From the family point of view, family members' continuing involvement with long-term care is important for elderly in maintaining a sense of purpose, self-worth, and continuity in their lives (Bauer & Nav 2003). Meanwhile, one research of China also indicated that, living with family members can reduce depress of elderly, and it is also important for elderly according to traditional Chinese believes (Li, Wang & Huang 2009).

Concerning respect of others, the care giver's respect to the geriatric dignity, self-determination, personal views, personal space and property, and considerations of culture and the geriatric family are also important to keep integrity of elderly (Kihlgren & Thorsen 1996). "Our findings revealed that the more positive the interaction between staff and residents the more satisfied the residents are likely to be" (Suzanne & Valerie 2006, 117). Randers & Mattiasson (2000) stated that, integrity for elderly in institutions has the vantage related with satisfaction with the service.

3.2.3 The Economics and Politics of Aging

In China more than half of the elderly people's retirement pension is lower than 60€ per month, and only 39.3% elderly are covered by social insurance. Consequently, those who are left out form the insurance have to survive at their own expense, or, relaying on their families' financial support. The primary constraint affecting elderly people seeking medical service is the individual economy situation, the cost of the service and the type of diseases (Fu & Li 2010). According to Flaherty et al. (2007), 64% of 43% of hospitalized patients who discharged themselves against medical advice because of running out of money. The boulder of the economy had immense effect the health of psychology and physiology of elderly (Li et al. 2009).

Education of gerontology is immature, national qualification system of gerontology studies is not established yet in China. In hospitals, future geriatricians are trained under supervision at geriatrics departments, afterwards, they are considered to be qualified. Therefore, the specialists in geriatrics are still lacking and the need of expertise elderly care is huge. (Flaherty et al. 2007.)

The tradition of which the elderly long-term care conducted by their children at home was sharply changed by the decline of average number of children, from 6.5 in 1950s to 2.2 in 1970s and to only 1 in 1980s. Strict implementation of one-child policy occurred in the mid-1980s. The effect of the policy on long-term care of older people will begin to be seen in 2030. (Flaherty et al. 2007).

3.3 Quality of Life in Long-Term Care

The Quality of life for older people include reflection on the past and expectation of the future, and as well as appraisal of the present (Atchley 1999). Meanwhile the social support level, including family members, friends and colleagues, are related with the elderly life quality. The higher social integrity enables the better life quality. (Yang & Jin 2010.)

Because the condition of the lives of older people is altered when they moving into long-term care center, most of older people dislike the idea of going into a nursing home, for the reason that, a nursing home is a closed institution, treating people as inmates rather than as individuals, so that, the residents lose control over their environment. (Moody 1998, 23.)

Although residents' perceived quality of life is partly a product of their health, social supports, and personalities, nursing homes can directly

influence quality of life through their policies, practices, and environments, and, indirectly, through their approaches to family and community. (Kane 2003, 28.)

What constitutes a good quality of life in a nursing home may vary from culture to culture and from country to country. Quality of life is the perception of individuals of their position in life in the context of culture and system of values in which they live and regarding their personal goals, expectations, standards and concerns. (Pinto, Barbosa, Lucena Ferreti, Ferrira de souza, & Fram 2009.)

A broader concept of quality of life is indicated to consist of domains such as autonomy, dignity, individuality, privacy, enjoyment, meaningful activity, relationship, security / safety, comfort, spiritual well-being, and functional competence. (Pekkarien 2007, 634.)

4 PURPOSE AND AIM OF THE STUDY

The purpose of the study was to identify elderly residents' experience in one of long-term care institutions in Beijing, China. The aim of the study was to increase awareness of nurses about quality of life for elderly residents.

Thus the information may be used to improve the quality of life for elderly in long-term care.

The Research Questions

What kind of experiences did the elderly people have about the care in the long-term care center?

5 IMPLEMENTATION OF THE STUDY

5.1 Research Methods

Qualitative research methodology approach was used in this study because it describes life experiences and gives them meaning (Polit 2004, 23).

Qualitative research methodology lets the researcher enter into the real world (Baer, 1979, Leininger 1985). Qualitative research considers rigor because it is associated with the worth of research outcomes, and studies are critiqued as a means of judging rigor (Burn & Grove 2001, 64).

Qualitative research is person-centered, which was very suitable for the research question. In qualitative research researcher considers the participants in the research as whole human being not as a collection of physical parts and the types of behavior of particular can only be understood when it is observed and people are asked about it. (Holloway 2005, 1.)

Qualitative methodology is flexible, and results in a descriptive narrative of a particular phenomenon. Techniques and concepts of this methodology have been useful to practitioners in a variety of areas, including assessing service needs within communities. (Vonk, Tripodi & Epstein 2006, 13.) The social world we live in can only be understood through an understanding of the meaning and motives that guide the social actions and interactions of individuals (Cormack 2000, 399).

5.2 Sampling

Purposive sampling was used in this study because it gives the possibility to have the information researcher want. Purposive sampling is related to selection of information-rich and gives the examined issue. (LoBiondo-wood & Haber 2006.) The type and number of participants selected depends on the purpose and resources of the study (Liu & Yin 2008, 90).

Therefore the criteria were set up to identify the elderly who would suitable for the research. The criteria set up for the study were as follows:

1. Interviewees were residents in this long-term care center for at least 6 months.
2. Interviewees had no diagnosis of mental disease.
3. Interviewees had the ability to communicate.
4. Interviewees had to be at least 70 years old.

The researcher explained the study and demonstrated the criteria to one of care givers. The care giver listed the available elderly names and room numbers to the researcher. However there were only seven residents who fitted the requirement but the researcher managed to visit each of them alone. Finally, two males and five females' residents participated as the interviewees of this study.

5.3 Data Collection

The data collection was conducted on 24th- 25th September 2010 with semi-structured interviews. Since Liu & Yin (2008, 90) stated that semi-structured interviewing is more flexible than standardized methods, such as the structured interview or survey. The interviews were audio recorded and important information was noted by researcher in Chinese which is the mother language of researcher.

One interview was carried out in the corridor where was quite without disturbance. Six of other interviews were carried out inside elderly room as the interviewees wished. The interviews lasted about an hour for each interviewee. According to Hooloway (2005, 39-40), semi-structured interview is a two-way process where researcher and participant engage in a dialogue to explore the topic. In many case of this study the researcher could not ask any questions just allowing interviewees talk, later organized the questions and might ask some of them which had not mentioned before. According to Hooloway (2005, 39-40), the researcher focuses on the main questions but not every questions and the order of questions also was varied depending on the flow of the conversation.

5.4 Method of Data Analysis

The data analysis was done during autumn of 2010. The transcription of the raw data in Chinese generated fifteen pages. During the data analysis, researcher used Chinese until transferring the result into report and translated into English. The data was analyzed by using the method of inductive content analysis. Because of the patterns, themes, and categories of analysis came from the data (Patton, 1990, 390). Content analysis examines available texts until the texts making sense and can answer the analysis' research questions (Krippendorff 2000).

Firstly, the data of the study was elucidation with key word QOL as indigenous concepts (Figure 1). Secondly, the data was labeled and indentified the characteristics related with experiences of elderly. All labeled data was identifying and using indigenous typologies to evaluate to main categories (Figure 1). According to Patton (1990, 399) the typology describes characteristics of participants. At the end the participant-generated construction was demonstrated as (Figure 2, Figure 3 and Figure 4).

6 RESULTS

6.1 Psychological Integrity

6.1.1 Autonomy

To keep the safety and easy management, the institute used to have a gate keeper controlling the people coming in or leaving out the area. Later they removed the gate keeper.

“I like here, because I feel free, I can go out and people can come to visit me, without permission. I used to live in an apartment, where there was a guard, I feel like I am in prison.”

It seems that the freedom is more important than some people think. In some Chinese people mind, an elderly nursing home with guards must be safe and providing high quality service. However elderly people are more likely satisfied without a door keeper watching the gate. A common factor which among all elderly people that is: even they are old and their daily live activity may be limited, however they would like to do as much as they can. While the relatives and people who take care of the elderly may control their activity for safety reasons.

“I can do everything by myself, I do not want to bother others. I went shopping sometimes, but my children do not want me to go out.”

“Sometimes I can make some food for myself, I have electric stove.”

In some cases the elderly were not able to completely control their life. For example one respondent cannot decided where he want to stay or even cannot go back home as he wish because relative rent out the elderly house to raise the income result in the elderly had no home. One elderly who had limited of daily activity had to stay in long-term care center due to that no one can take care of him at home.

“I would like to move back home at the end of the year. But my son told me my house maybe demolished by the government. I do not have place to stay.”

6.1.2 Dignity

All the elderly who were interviewed by the researcher were dressed proper clothes and they had hair cut done just one day before the researcher came. All of them were able to wash their own clothes even for one who could not move his hands freely still washed his own underwear. One woman kept the flowers for month which given by the company she worked for before retirement.

“The flowers were sent to me by the leader during the Chinese new year time, you know they are coming visit me every year.”

It appeared common factor among all the elderly how their previous working units treat them very much affect their life quality in the long-term care institute. One who was in a very high position in her working time viewed it this way.

“Managers of the hospital which I worked for are coming visiting me every Chinese new year.”

In some cases elderly people did complain that their previous working units had forgotten them because the retired employees are not worth expecting. This had impact very much in their sense of dignity of the feelings, as expressed by one of the respondents.

“The company I worked for even never come to visit me once. They are not good.”

6.1.3 Individuality

Most of respondents reported with daily life activity self-management shows much satisfy with their life,

“I can see, I can hear, I am proud of that I take care of myself, my husband he can't see or hear. He did eye operation. I have to take care of him.”

Not only daily life activity self-management showed strong connection with the quality of life of elderly but also related with economic issue. as expressed by some of the respondents,

“I have my own money, if I need to be in hospital, it would be enough for that.”

“I have much better life compared with my sister, she doesn't have money, she has to stay at her daughter's family, and they treat her badly.”

6.1.4 Spiritual Well-being

There were also Christian activities reported in among respondents. One woman showed the researcher religious articles given by the church, half of female respondents reported they joined the Sunday Mass constantly.

“See this is the gift from church, and Sunday we will be together with mass.”

“I can visit church and I also listen to radio form church.”

6.1.5 Privacy

Many of the respondents reported privacy was one of the factor relative with quality of life. Living with someone else they do not know were also see as a hindering factor for keeping QOL. All respondents report they were satisfied with their own shower room and toilet. One elderly man lived with a roommate reported he rather live by his own.

“I would like to live on my own; the room for two persons is not so convenient.”

Private shower and toilet reported to play a important role for the elderly people’s QOL in the long-term care center. All respondents reported it and some of them even show the place to researcher.

“I can live by myself in this room, I like the condition here with a toilet inside. It is very good for me.”

“I have shower in my room; I take shower by myself.”

6.2 Social Integrity

6.2.1 Isolation from Outside World

The institution had its own yard and separate with elsewhere, surrounding by fields which resulted in many different opinions among the respondents. Most of the elderly people reported feeling isolate with everywhere and they would like to stay inside the city if they could choose. But one man had different point of view which is far away from the nearest village with own area were great for him.

“I have been to the village nearly once in last two years. I find it so hard for me to walk there. so I do not go out anymore. ”

“I have been thinking I could go back to the place I used to live. But no one brings me to there.”

6.2.2 Environment in Institution

Categories and subcategories of the environment from analyzed data can be seen in the table 3. Since all respondents were mobilize at least in a small indoor public area which was extremely important for their social life. There was one sofa on the corner of the entrance and everyone would pass by here if they go into the building. One commented,

“I like the entrance, I stay here all day, and I can meet my friends here and make friends with the people living in here.”

“I like the balcony, I can stay here when it is raining, we can meet each other's in here.”

All respondents reported friendly designed building was very important for them to live. One of the respondent mentioned the different room size was

the key reason for her to move in here. All respondents also figure out the important of the size of their apartment.

“I like my room, it is very big, that is the reason I moved in here.”

6.2.3 Economics and Politics of Aging

Economics and politics of aging was another factor that was considered by the elderly as QOL at times. Most of the interviewees mentioned that their own economics is one of the major impact factors for their retired life and they feel lucky they can afford to live in this place. One said she is very satisfied with the life she has today compared with other low-income elderly.

“I have my pension and I can pay the cost here by myself, but my sister, she does not have job before, she do not have money, she has to stay with her daughter. They treat her not well.”

Another problem with health insurance is that not everyone has health insurance. The insurances are also different with the job you had before you retired. Pension also had very important role in the QOL. As expressed by one of the interviewee,

“I started working before liberation by communist party. All my medical costs are paid by the government. my salary is very high. Sometimes I give some award money to the people who take care of me. ”

6.2.4 Loneliness in the Institution

Loneliness is obvious to see even before the interview started with one woman, she was waiting in the balcony for her daughter. One man sat in

the lobby the whole day just wanted to chat with someone who passed by. Although it was not everyone mentioned they were very lonely. It was easy for the researcher to figure out by the respondent's behavior. One said,

“My children are very busy. My daughter has to take care of her grandchildren, do you come tomorrow? Please do come again to visit me.”

Most of the interviewees asked the researcher to come back the next day and visit them again, one mentioned during the holiday there were nursing school girls had visiting them two days ago. One of the respondents counted all visitors during the holiday.

6.3 Physical Integrity

6.3.1 Lack of Individualized Care

Lack of individualized care was considered as an important factor. Most of the respondents reported that the nursing staff have no time for them therefore they did everything by themselves and a staff hardly to talk with them. One woman had hired a private personal assistant. As two mentioned,

“The people who worked here do not have time to talk with me. We communicate very little.”

“I try to do as much as I can. they do not have time for me sometimes, she has other 6 people to take caref”

6.3.2 Comfort

As Beijing is a city with windy and cold winter with the heating period in certain time. Most of the respondents reported the warm temperature in winter was a main factor for living comfortably in this long-term care center which also affected positively the QOL of respondent. One of the respondents had mentioned for quiet and clean surrounding affected as comfort for living quality.

“I like to live in the second floor; it is more quiet and clean than the first floor”

“In the winter time the heating starts early here and during spring the heating stops later. I really enjoy it.”

6.3.3 Functional Competence

Among the respondents, the physical aging process was understood as a natural part of aging physical functional competence integrity and its effects were experienced as an important factor for the QOL. The importance of self functional competence was well known among the respondents. As one said,

“I can still visit my daughter, who lives very close, although sometimes I could not find her place, the buildings are all look the same.”

One physical incapacity and dependence on other people can cause anxiety. Respondents thought that especially chronic diseases would results in disability and diminished.

“I can see, I can hear, I am proud of taking care of myself, my husband he can't see and hear. he did operation of his eye. I have to take care of him sometime.”

7 DISCUSSION

7.1 Evaluation of the Research

When understanding the trustworthiness of the study data, four elements are required: credibility, transferability, dependability and conformability (Lincoln & Guba 1985). Firstly, **credibility** in this study refers to the confidence in the truth of data. During the data collection, the interviews were audio recorded and the important information were noted down. Data transcription followed the data collection immediately. The research questions were all answered and the data obtained from the study were rich to support the curability of the study. However, transcribing errors might have occurred and data might have missed during data analysis due to the limited time for researcher and the interviews are not video recorded.

Secondly, the **transferability** refers to the extent to which the results from one study can be generalized of applying to other settings of group (Libarkin and Kurdziel 2002). This would thus mean that, at the same conditions of the study, the transferability of the results for this study may be used.

Thirdly, the **dependability** of qualitative data refers to repeatability of data, the stability of data change over time and similarity between measures (Libarkin and Kurdziel 2002). The researcher built trustful relationship quickly and knew the cultural background of the participants. The time given for data collection can be considered suitable. The methods

chosen for data collection and data analysis were suitable methods for this qualitative study.

Lastly, **confirmability** is a concept that refers to subject of the data can in some degree be agreed by others and researcher must be able to demonstrate that potential biases have been controlled (Libarkin and Kurdziel 2002). When the study was carried out, there were audio, notes and transcriptions been carefully go through and reconsidered comprehensively.

7.2 Ethical Issues

Medical ethics has to ensure the protection of individual human rights during the process of the research (Payton, 1998, 51). Permission of access to the private long-term nursing care home and the research permit was given by the owner and interviewees (Appendix 1). At the beginning of the interviews, the researcher repeated that the interviewees were free to withdraw their participation at any time.

7.3 General Findings

The study was conducted primarily as a personal interests and topicality of the research subject. During the interview, the interviewees had read the guide of interview (Appendix 2) however the researcher informed the participants that they were free to talk. The interviews raised a plenty of subjects rather than the themes or questions on the list. Previous studies showed older people seldom have chance to share their views about health and care services in institutions (Kane, 2003. 28). In this study, it was also difficult to let the interviewees to explain or describe what they were thinking about the care givers or negative parts of their feelings about the

nurses job. However, they all shared the experience of their life in the long-term care, therefore the research questions were all answered and the information obtained was rich and credible.

The results of the study indicated that experience of QOL of elderly connected with social, psychological and physical aspects. Though different interviewees had different experiences to share, there were common points that were experience by all interviewees, like finances issue, and lack of time to talk with care givers. One common issue, **lack of individual care** were also reported by Bowers et al. (2009) that, the requirement for elderly who need support for their condition were seldom followed by the elderly people's wish. One study in China also suggested that, the services from care givers in elderly care institute were limited to only basic physical care without consideration for social and emotional care needs. Meanwhile, Lee Intrieri & Robert (2006) stated that, licensure was found to be effective in ensuring that nursing homes provided care at certain levels. In this study most of care givers were ones without any professional training which might lead to limits of their knowledge of how to provide care to maintain QOL for elderly. Furthermore, when improving the individual care for elderly it is suggested significant to improve of the outcome of QOL for elderly (Chen, Rosenberg, Wang, Yang, & Li 2011).

Another common point, **finance issue**, was also reported by Li et al. (2009), that lack of money and health costs were the major reasons related with limited quality of life. The retirement pension was very limited therefore narrowed the choice of long-term care service. Economy boulder had huge effect to the psychology and physiology of elderly; it even stops the elderly to search medical services. In this study, the money issue becomes highly important for keeping high QOL all elderly. In some degree, agreed by Bowling (2005, 79), having enough money is an enabling

factor with predictors of perceived QOL. Meanwhile, with **Health Insurance Politics** in China today, elderly people's individual health insurance situation was also reported in this study, being primary reason of keeping high QOL. Flaherty et al.'s (2007) study also showed the major portion of patients who receive care at high-ranking university-affiliated hospitals were retired government officials who are fully covered with public insurance. In this study, one who with fully covered health insurance showed very high QOL.

Other findings such as long-term care center can directly influence elderly people's QOL through **environment** and **comfort** of the living condition, were also agreed by Kane, (2003. 28) that, nursing homes can influence quality of life through their policies, and environments. Chen et al, (2011) also stated that, environment of institution, such as housing styles, building designs, micro-environment of individual rooms, providing comfortable living are attracting more and more elderly in long-term care centers. Similarly, in this study, the size of the room was also considered to be an important factor keeping high QOL. Furthermore, in this study also suggested, that free environment, for example, without access control is a positive point for elderly life quality. Agreed with Moddy (1998,23), the "total institutions"- facilities of nursing home are disliked by the elderly people. Meanwhile, Chen et al. (2011) also suggested that, health living - environment in institution for elderly recommended in the certain landscape, such as mountain, parks, are better than noisy city. However, in this study, except one health elderly reported the same, rest of elderly people reported they were rather to live convenient area, even inside the city.

Some elderly people did not report the loneliness in this study but it was observed easily. For example one spends the whole day in lobby just for

charting with someone passing by. The results of study indicated that the **loneliness** of the respondents reduced the QOL of elderly in long-term care. Teeri et al (2006, 124) also stated that, the loneliness in the institution are common and residents rarely have someone whom they can speak with. With what Bowers et al. (2009) stated that, lower loneliness, elderly appear to have higher QOL. And older people with extremely high support needs, including people with sensory and cognitive impairments, are consistently reported to be on loneliness and being **isolated**. Same as in this study, most of elderly reported the nursing home institution was isolated from the outside of world. Which could be one reason why respondents want to live inside city with more chances interact with the society. Bowers et al, (2009) stated that being able to get out and take part in local community and civic life as usual to keeping high QOL. Isolated from everywhere in the world limited the elderly connecting with the society were reported in the results. And farther researcher my focus on how to increase the elderly interact with the society, for example with relatives or care givers.

Bowling (2005, 8) stated that psychological **well-being** is developed in a concept of quality of life for older people, highlighting the importance of psychological resources including autonomy, social role functioning, well-being. In this study, respondents joining the Sunday mass in a way also showed well-being. Chen et al, (2011) reported that, the well-being of elderly residents is shaped by individuals' perceptions and their sense of place. While in this study the finding for individual well-being was still limited and further research is need. In this study, **autonomy** connected with QOL was reported by all respondents, even free entrance of the institution were reported. While in the study also reported respondents' limited freedom for safety reason reduce the level of QOL. Bowers et al. (2009) stated that for some older people have unsatisfied QOL due to failed

to take activities as own wish. The result of the study also agreed autonomy related with **elderly functional competence** and control over life. During the interview, participants were very proud of their functional competence just as Bowling (2005, 28) mentioned that good level of physical and mental functioning associated with morale and overall quality of life. Health and functioning were indeed significant, independent predictors of perceived QOL. Agreed by Bowers et al. (2009) that, the continued ability to look after themselves, including domestic activities, is central to independence. Mobility and the ease with which people can access the community 'outside' are also seen as important elements of autonomy. As the results in this study, respondent show high QOL, by having cooking, cleaning and doing laundry even visit relatives independent.

Privacy is known to be extremely imported to the elderly people who lived in institution (Teeri et al. 2006). The study showed same result for example respondents reported that the private shower and toilet were important for them, same as Kane (2006, 33) stated that, personal space or territory is a key of privacy, demanding a standard of accommodation – specifically, more space, en suite bathrooms. This study showed one respondent wish to stay in private room without sharing with others. Chen et al. (2011) studied in Beijing also reported that, the shared room with other people were discomfort for elderly residents. Bowers et al. (2009) stated that, people of all ages need and want space to enjoy their everyday life, participate in work, family and community life, pursue interests and engage in social activities. Residents in care housing cite 'having your own door' as a key feature of independence, related to privacy, autonomy.

Dignity was not easy to explain orally, which was more appeared in the demonstration in the humans' behavior. In this study the respondents did haircut and showed, in a way showed the dignity. Some of the respondents

kept flowers of consolation for months indicated the important of dignity. However many of elderly people became underprivileged in the community and society because they lost the control on what they had and working ability. People who had worked all their lives in one place and they felt miserable and lost while they retired. In first few years of their institution there were still people of their previous working unit coming to visit them and gradually they were total forgot. That was also reported by one of the respondent in this study for decline of QOL. Bowling (2005) states that self-esteem, feelings of self-worth, and valuing their expertise is helpful in improving their quality of life.

8 CONCLUSION

We may conclude that seven elderly people lived in one of Beijing long-term care center, whose elderly experiences of QOL in long-term care were connecting with social, physical and psychological aspects. A lack of time to talk with care giver, finances issue and self-management of daily life were very important factors for keeping high QOL of elderly. Meanwhile, alleviation of loneliness, respect on elderly dignity, meeting the need of privacy and autonomy, providing comfortable living condition and reconsidering in the environment of institution were the vital issues to keep QOL for elderly in long-term care.

Further research may focus on the subject of family members and staff in long-term care center related with the QOL of elderly.

Figure 1. Conceptual Guide for Data Analysis

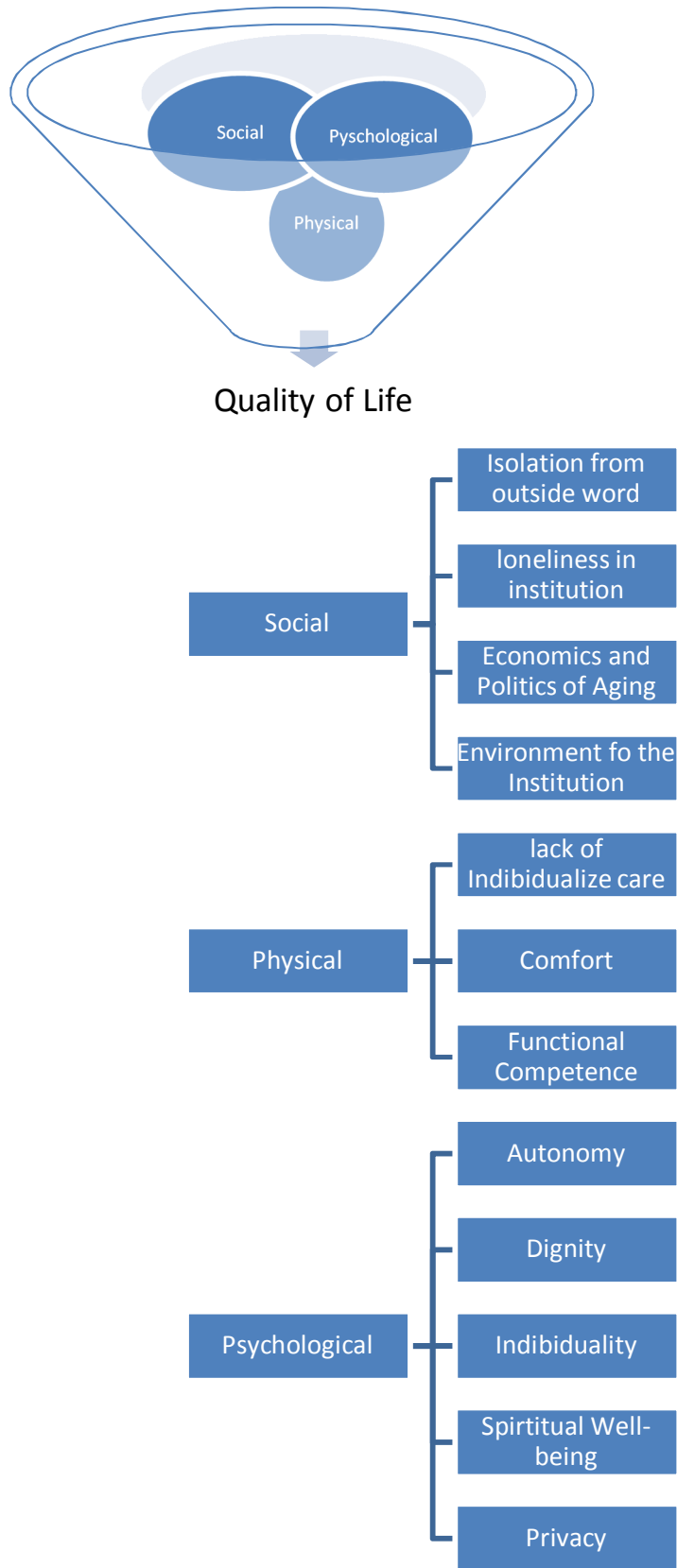


Figure 2. Psychological Integrity Deriving a Category from Data

Statement(coding units)	Subcategories	Main category
...I would like to live on my own, the room for is not so convenient.	Issues Related Privacy	Psychological Integrity
...I can live by myself in this room, I like the condition here with a toilet inside, It is very good for me.		
...I have shower in my room, I take shower by myself.		
..See this is the gift form church, and Sunday we will be together with mass.	Issues related with Spiritual well-being	
...I can visit church; I listen to radio form church.		
...The company I worked for even never comes to visit me once.	Issues related to Dignity	
....Managers of the hospital which I worked for are coming visiting me every Chinese new year.		
...I like here, because I feel free, I can go out and people can come to visit me, without permission. .	Issues related to Autonomy	
....Sometimes I can make some food for myself, I have electric stove.		
...I feel much happy here, I do not need cook for my children.	Issues related to Individuality	
...I send out letter every month to my brother. He will call me when he got the letter.		
...I do everything myself since I was small, I do not want depend to anyone.		

Figure 3. Social Integrity Deriving a Category from Data

Statement(coding units)	Subcategories	Main category
<p>...I have been to the village nearly once in last two years. I find it so hard for me to walk there, so I do not go out anymore.</p>	<p>Issues Related Isolation from outside word</p>	<p>Social Integrity</p>
<p>...I have been to the nearest shopping center; it took me two hours by bus. I think it is too long time.</p>		
<p>...I have been thinking I could go back to the place I used to live. But no one bring me there.</p>		
<p>..I like my room, it is very big, that is the reason I moved in here.</p>	<p>Issues related with Environment</p>	
<p>...I like the entrance, I stay here all day, I can meet my friends here and make friends with the people living in here.</p>		
<p>..I like the balcony; I can stay here when it is raining, we can meet each other's here.</p>		
<p>...I have my pension, I can pay the cost here by myself, but my sister she doesn't have a job before, she don't have money, she has to stay with her daughter. They treat her not well.</p>	<p>Issues related to Economics and Politics of Aging</p>	
<p>....I started working before liberation by communist party. All my medical costs are paid by gov, my salary is also high. Sometimes I give some award money to the people who take care of me.</p>		
<p>....I have been waiting my grant daughter, she didn't come. You can drink this tea.</p>	<p>Issues related to Loneliness in institution</p>	
<p>....My children are very busy. My daughter has to take care of her grandchildren. Do you come tomorrow? Please do come again to visit me.</p>		

Figure 4. Physical Integrity Deriving a Category from Data

Statement(coding units)	Subcategories	Main category
...The people who worked here do not have time talk with me. We communicate very little.	Issues Related lack of Individualize care	Physical Integrity
...I try to do as much as I can. They don't have time for me sometimes; she has other 6 people to take care.		
...I need take care of my husband sometimes; they do not have time to come over.		
...In the winter time, the heating starts early here and during spring the heating stops later. I enjoy it.	Issues related with Comfort	
...I like live in the second floor, it is more quiet and clean than the first floor.		
...I can see, I can hear, I am proud of that I take care of myself, my husband he can't see and hear. He did eye operation. I have to take care of him.	Issues related to Functional Competence	
...I can still visit my daughter, who lives very close, although sometimes I could find her place, the buildings are all looks the same.		

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APPENDIXES

Appendix 1. Agreement Form

Agreement of be respondents in the bachelor's thesis (Elderly experiences in Long-term care in China)

I am a student of JAMK studying degree programme in Nursing. I am writing my Bachelor's thesis on the topic elderly experienced in one Beijing center. The purpose of the study is to investigate the willing of stay in long-term care center, attitudes and service in long-term care center. I shall conduct interviews for this study between the months of September to December 2009. Participation is strictly voluntary and there are no known risks to participate in the study. Participants are free to withdraw anytime and they are not obliged to answer any questions they find objectionable or which make them feel uncomfortable. The interview will last about 1 hour and there are no remunerations for taking part in the study. Information obtained from participants will be used purposely for this study and your confidentiality or anonymity is guaranteed. Each respondent is asked to sign an agreement to confirm their consent to the interview before commencement. Participants may contact the researchers or the district assembly if they have any questions, concerns or complaints about the research procedures.

Thank you for your participation

Best wishes,

Hongbo Zhang,

Signature Authorial of Nurse care home

Appendix 2. Interview Guide for elderly experiences in long-term care institution

Economics & Politics

1, what is the reason you move in here? Cost issue?

Integrity

2, what kind of experiences you had with the care givers here?

3, How much you pay to your stay here? What is your feeling about this price? Worth?

Autonomy

4, How do you think your room, do you like the size, or other things, do you want to change something?

5, How do you feel about the environment here?

6, What is your experiences of your life here? What is your normal day?

7, Do you have a roommate? if yes, how do you feel about your roommate?
