

Late-life Living and Care Arrangements of Older Filipino-New Zealanders

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Late-life Living and Care Arrangements of Older Filipino-New Zealanders

Abstract:

Aim: To explore the living and care arrangement plans of older Filipino immigrants in New Zealand.

Background: New Zealand is rapidly becoming the host to an increasing number of ageing Filipino immigrants. Despite this sizeable population growth of ageing Filipinos in New Zealand, still very little is known about this ethnic group's care needs and living arrangement preferences in later life within the New Zealand context.

Design: Qualitative descriptive approach.

Methods: Data were collected from fifteen older Filipinos who participated in face-to-face interviews. Data were analysed using a thematic analytical framework.

Results: Two major themes were identified from the data analysis. The first theme 'preferred living and care arrangements' is about older Filipinos' preferred plans for future residence and in receiving care when no longer able to function independently in their own homes. The second theme 'negotiating readiness and acceptance' is about hypothetical situations that older Filipinos described and anticipated that will greatly facilitate their readiness and acceptance to living in aged care facilities.

Conclusion: The study results have implications for service delivery within the New Zealand residential aged care sector. Due to an increasing number of older Filipino immigrants

requiring care, residential aged care facilities must ensure their care models meet the needs of this growing group of older people.

Relevance to clinical practice: Nursing staff skill sets in the aged care sector require sensitivity to older immigrants' health needs without compromising cultural beliefs and practices while living in residential aged care facilities.

Keywords: older Filipinos, late-life care arrangement, living arrangements, older immigrants, New Zealand

What does this paper contribute to the wider global clinical community?

- Globally, migrant destination countries will be increasingly challenged to provide culturally congruent health and late-life care services for older immigrants.
- Healthcare professionals, particularly nurses, require culturally targeted education on various belief systems, food preferences, religious mores and taboos, social customs and familial orientation of the older person from an immigrant background living in residential care settings.
- Healthcare service planners need to understand the importance of engaging with ethnically diverse older adults to better target preferred choices for living arrangements when changing functional abilities and health care needs ensue.

Introduction

The increasing representation of older immigrants within the mainstream population of their host societies have attracted a growing field of research suggesting the need for more responsive inter-sectorial policy development. Previous research findings identified that ageing immigrants have reported experiencing problems with healthcare and social service accessibility (Montayre, Neville, & Holroyd, 2017; Radermacher, Feldman, & Browning, 2009), lower levels of life satisfaction and wellbeing (Khoo, 2012) and other stigmatising sociocultural concerns such as racism (Lee, 2007). Conversely, some older immigrants have adjusted to effectively and positively living within their host countries (Wright-St Clair et al., 2017). However, despite burgeoning research on the social contexts of acculturation and adaptation among older immigrants within destination countries (Da & Garcia, 2015; Jang, Kim, Chiriboga, & King-Kallimanis, 2007; Mui & Kang, 2006), little has been undertaken to examine the sustainability and cultural legitimacy of aged care options that cater for older immigrants. Bolzman, Fibbi and Vial (2006) identified the complex processes involved in negotiating living arrangements among older immigrants post-retirement. Furthermore, there has been limited attention paid to the role of social agency and the resultant transitions needed by ageing immigrants in deciding their preferred living and care arrangements, when faced with functional limitations (Graham, Ivey, & Neuhauser, 2009).

Older immigrants experience complexities when making decisions for future living and care arrangements due to highly personalised socio-cultural factors. The interplay of cultural values, age at the time of immigration, presence or absence of family support, belief systems ensuing from their country of origin and languages spoken are considered significant predictors informing older immigrants' preferred living and care arrangements. A Canadian study on older Indian immigrants has shown the strong influence of culture and ethnicity on preferred retirement plans, including decision making about where to live (Ng, Northcott, & Abu-Laban, 2007). Relevant factors relating to the perception of self-competence, such as

ability to speak English and physical health, were significantly associated with Hispanic people's level of confidence in the retirement living options available in the United States (US), particularly institutionalised care choices (Johnson et al., 1997). It is imperative that service planners understand the importance of engaging with ethnically diverse older adults to better target preferred choices for living arrangements when changing functional abilities and health care needs ensue (McCormick et al., 1996).

Older Filipinos in New Zealand

New Zealand hosts a multicultural and ethnically diverse population. At the time of the 2013 census, almost 25% of people living in New Zealand were born overseas and identified themselves as being from a non-New Zealand European ethnic or cultural background (Statistics New Zealand, 2015). The current demographic projection suggests that the growing heterogeneity of New Zealand's ageing population will continue in the coming years. This trend has resulted from an increasing number of multi-ethnic older adults, particularly older immigrants, who either immigrated in New Zealand at a younger age or those who arrived in their 60s to live permanently through family reunification schemes (Immigration New Zealand Statistics, 2013). Filipinos constitute one group, who in the last 30-40 years, have contributed significantly to New Zealand's diverse ethnic make-up. Filipino immigration to New Zealand is a recent phenomenon and is one of the fastest growing ethnic population groups (Statistics New Zealand, 2015).

Of importance to this study is that New Zealand is rapidly becoming the host to an increasing number of ageing Filipino immigrants. New Zealand is a new destination for Filipinos in terms of migration pathways with the majority of older Filipinos arriving in later-life. The country's older Filipino migrant profile is also remarkably similar to that of migrant Filipinos globally, indicative of the diaspora of Filipinos, which started as early as the 1970s (McKay, 2012).

Despite this sizeable population growth of ageing Filipinos in New Zealand, still very little is known about this ethnic group's care needs and living arrangement preferences in later life within the New Zealand context. In comparison to other ethnic groups, older Filipinos are unlikely to have been born in New Zealand. A study on older Filipinos' experiences adjusting to living in New Zealand, after migration, identified they required a significant period of adjustment which included the re-establishment of their personal lives (Montayre et al.,

2017). As part of the acculturation process into their new host country required them to also think about where and how they want to live in later life.

While there is a growing body of research on Chinese, Korean and Indian older adults in New Zealand, the majority of the research has focused on personal challenges encountered, acculturation, adaptation and community engagement. A study of older Korean immigrants found that they initially referred to ageing in New Zealand as an ‘inconvenient paradise’ (Park & Kim, 2013). Other New Zealand studies have shown that for some older Asians, social engagement primarily occurs through participating in ethnic specific activities run by community groups, and these groups are instrumental in supporting acculturation (Wright-St Clair & Nayar, 2017). Both of these New Zealand-based studies concur that older Asian immigrants encounter various cultural adjustments required to effectively adapt and transition to considering “New Zealand as their new home” (Montayre et al., 2017, p. 17). However, there has been little examination of the socio-cultural challenges that older Asian-New Zealanders will face as they age, particularly in relation to their living and care arrangements.

Aim

This current research explored the living and care arrangement plans of older Filipino immigrants in New Zealand.

Methodology

Design

This research utilized a qualitative descriptive approach. According to Sandelowski (2000) a descriptive qualitative approach is the “method of choice when straight descriptions of the phenomena are desired” (p. 339). The theoretical and epistemological positions of this methodology draws from the “general tenets of naturalistic inquiry” (Sandelowski, 2000, p. 337). Naturalistic inquiry explores a phenomenon exclusive to its natural state, which enables researchers to gain an understanding of participants’ perceptions about real-life situations (Guba & Lincoln, 1982). This type of inquiry aligns with qualitative description, wherein findings are presented closer to the participants’ actual words, referred to as ‘data-near’ (Sandelowski, 2010). A naturalistic philosophical orientation allowed researchers in this

study to undertake an analysis that seeks “both descriptive validity, an accurate accounting of events that most people observing the same event would agree is accurate, and interpretive validity, or an accurate accounting of the meanings participants attributed to those events that those participants would agree is accurate” (Sandelowski, 2000, p. 336). Additionally, a qualitative descriptive approach is the methodology of choice for exploring participants’ narratives on older Filipinos’ preferred living and care arrangement plans as currently there is paucity of research on this topic.

Sampling

Participant recruitment was undertaken using a purposive sampling approach. Purposive selection deploys inclusion and exclusion criteria to recruit participants who have the requisite socio demographic background consistent with the aim of the study (LoBiondo-Wood & Haber, 2014). Inclusion criteria for participation were (a) being of Filipino origin and an immigrant aged 60 years old or over, (b) having immigrated to New Zealand in their 40s or older, (c) having a permanent resident visa, (d) and having lived in New Zealand for at least 2 years.

Ethics

Ethical approval was granted by Auckland University of Technology Ethics Committee. Written consent was obtained from each participant prior to undertaking the face-to-face interviews. Participant pseudonyms were assigned by the researchers to maintain confidentiality when reporting findings. Other parties involved in transcription and translation of data signed a confidentiality agreement as part of the ethical processes used when conducting this research.

Recruitment and Data Collection

Recruitment took place in Auckland, New Zealand, where the majority of Filipinos are geographically located. Potential participants were approached via a Filipino community centre where older adults attended church and social gatherings. Seventeen participants who met the inclusion criteria were initially approached, however, two declined because they were busy with family commitments, leaving the fifteen participants who were interviewed.

The semi-structured interview guide developed from the literature on ageing immigrants and migration included questions such as ‘describe living in New Zealand at your age’ and ‘do you see yourself retiring here in New Zealand?’ and ‘where do you plan to stay when you can

no longer manage living by yourself at home?’ There were eleven main interview questions asked with probing sub-questions which facilitated a free-flowing conversation. The interviews were digitally recorded and lasted between 30-45 minutes. All raw interview data were concurrently transcribed verbatim and translated by a bilingual independent translator into English. All interviews were conducted in Filipino (the national language of the Philippines) by the primary author who is a Filipino and fully fluent in both English and Filipino languages.

Data Analysis

An inductive and data driven thematic analytic process informed by naturalistic inquiry was undertaken to identify repeated patterns of meaning (Braun & Clarke, 2006). This method of analysis provided an “accessible and theoretically flexible approach” (Braun & Clarke, 2006, 77; Clarke & Braun, 2017) following a step-by-step process. The thematic analysis identified patterns within and across the interview data in relation to the participants’ experiences, views and perspectives (Clarke & Braun, 2017).

The technical process of analysis was undertaken independently by two members of the research team. Other members of the research team contributed to the analysis by reaching a consensus on translated data. Additionally, the back-translation process added rigour to the methodology, which assured the other members of the research team of the reliability of translated excerpts. Following the Braun and Clarke (2006) framework, data analysis started with transcription of data, reading, repeatedly reading the transcripts, capturing the interesting features of the data (coding) and identifying patterns or themes. The analytical process began by identification of patterns of language and words used by older Filipino immigrants and the attached meaning to these and then moving towards identification of implied constructs that were articulated by the participants. The authors then reviewed provisional themes and discussions ensued for further refinement of the coding and analysis until the salient patterns repeated across and within transcripts were identified and agreed on.

Rigour

The first author paid careful attention to ensure accurate translation of interviews from Filipino to English and to avoid misinterpretation of data, which often occurs in multi-lingual

interviews (Temple & Young, 2004). Two full transcripts were back-translated by an independent bilingual Filipino researcher from another university to ensure accuracy of the transcript contents and in order to preserve the meaning of the original language (Brislin, 1970). The original transcripts and back translated versions were then compared for accuracy of translation. The Filipino first author and the back-translator discussed and reached consensus agreement on Filipino terminologies that do not have direct English language equivalent. Translation modifications were made accordingly, for example, the term 'ulyanin' was used by one participant but cannot be directly translated to being cognitively impaired or having dementia, instead translated contextually to the English term 'senile' as interpreted in the Filipino language.

Results

Participants

The fifteen older Filipino immigrants interviewed were eight females and seven males. Four of the participants were aged 60 to 64 years old and eleven were aged 65 and over. At the time of interview, one participant had lived in New Zealand for 37 years; four had been in the country for 20-30 years and ten participants had been living in New Zealand for 10-19 years. Seven of the participants immigrated to New Zealand in their mid to late 40s and the eight remaining participants were late-life immigrants arriving in New Zealand in their late 50s and mid to late 60s (See Table 1).

Themes

Two major themes were identified from the analysis of interview data of older Filipinos immigrants in New Zealand. The first theme 'preferred living and care arrangements' is about older Filipinos' preferred plans for future residence and in receiving care when no longer able to function independently in their own homes. The first theme also identified older Filipinos' views of aged care facilities and whether they want to stay and grow old in New Zealand. The second theme 'negotiating readiness and acceptance' is about hypothetical situations that older Filipinos described and anticipated that would greatly facilitate their readiness and acceptance to living in aged care facilities. The second theme identified issues such as cognitive ability, safety and independence to maintain one's cultural beliefs and practices.

Preferred Living and Care Arrangements

While most of the participants preferred a residential aged care admission when no longer able to live independently, there was both ambiguity and lack of knowledge to living and being cared for in residential aged care facilities. The lack of knowledge about aged care facilities was noted from the narratives of an older Filipino who referred and described aged care facilities as a 'rest home' and comparing to the exclusive, status-based 'rest home' back in the Philippines. However, Ramon welcomed the idea of living in an aged care-facility as mentioned in the following excerpt:

Rest home? I think it is great, as in the Philippines it is only for the rich. I think rest homes here are very expensive. I have asked someone I know working in [aged care facility], she said they [residents] pay a lot of money yet it comes with complete amenities. I have heard there are studio type apartments and others may also live in a different complex of the building where they receive medical care. Well, to be honest I don't really know, I don't know the system that well. I know someone's mother, a Filipina she's 80 or 90 years old, they put her in a rest home. As for me, if I am no longer managing alone at home, I would consider going to a rest home. (Ramon)

Similar to Ramon's feeling of ambiguity, other older Filipino participants mentioned being uncertain about living in an aged care facility. They also had established a shared impression of when to live in an aged care facility, which is 'when no longer able to manage or cope living alone at home'. These views were based on stories they had heard from their networks and from conversations with their neighbours. Minerva felt uncertain on what to expect during her first-time visiting an aged care facility to see her neighbour yet was impressed as reflected in her narrative:

I can still cope at home alone. Don't they send you to the rest-home if you are no longer coping? I think that is how they do it here and I am fine with that. I prefer it to be that way than struggling to manage on my own at home. My neighbours, the older Kiwi couple next door, the lady had a heart attack and went to the hospital and she never came back to her home. Her husband told me she went straight to a rest-home after discharge. I visited her there and oh I was surprised, she used to be really thin when I last saw her, but in there she gained weight, and I said it's probably good in the nursing home as they will look after you. My friend looks really healthy as she has

gained weight. And I said it might not be that bad, so I am OK going to the nursing home in the future. (Luisa)

Some participants mentioned their intention to live with family members. However, these older Filipinos had realised that co-residence with adult children may not be possible particularly on a long-term basis. When co-residence is implausible, older Filipinos considered other options like living in aged care facilities as the last resort if not the best option for late-life living and care arrangements:

I would like to live with my son and his family. It is good to see them every day. However I know that here in New Zealand, they have to work, work and work. And they might not be able to look after me if I get really dependent on them. I would consider going to a rest-home. I think it is a better option when that time comes. (Soledad)

They are telling us now that they won't put us to a rest-home when we get very old. But I doubt, as I know they will be busy working to pay their bills and the mortgage is too high here in (place), it will take them many years to finish paying, so if I live with them, I do not know how in the long run will I be able to remain independent and not affect their working life and all their other commitments. While maybe if I am in the rest home, all they have to worry is to at least visit me. (Tasyo)

Four participants clearly articulated their living and care arrangement plans by going back to the Philippines. Except for one older Filipino man, these participants had never visited nor had known anyone living in an aged care facility. Despite lack of familiarity, older Filipinos had preconceived negative ideas about aged care facilities from media reports and stories they have heard from people they knew. These stories influenced older Filipinos' resistance to living in New Zealand aged care facilities and a desire to return to the Philippines.

I haven't been in a nursing home [rest home], so I do not know what it is like. But I have seen and read news about a lady left in her bed overnight soiled in urine and faeces and many other stories. My daughter's Filipino friends, they work in a rest-home as caregivers they described these places to me and how things work. I just don't see myself living in a rest home. When the time comes that I can no longer cope, I will go back to the Philippines, there I will spend my remaining years. (Mina)

Victor, whose wife lived in a dementia unit recollected his negative experience when visiting the unit, which in turn influenced his resistance to late-life residential aged care admission. Similarly, one of the participants, Aida, narrated the negative verbal accounts she had heard about her work colleague's mother who lived in different aged facilities and experienced a number of sentinel events. Older Filipinos absorbed the negativity they have heard causing strong resistance for future residential living and care arrangements.

The carers are very busy every day, what I do is I go there (rest home) to help feed her. I have seen it is hard for her as she cannot understand the English language probably because of the dementia, but her mood lightens up when she hears me or other Filipino carers speaking in Filipino. However you cannot really request that only Filipino staff look after her as it will become an issue amongst other staff. So for me, I made up my mind, I am not going to a rest home, I bet it will be the same. (Victor)

You can't stay in a rest home. You will suffer. My workmate's mother, she is a Kiwi, she is currently in the hospital. She keeps falling in the rest home. If no one will look after me, I will probably go back to the Philippines when I am really old. If my grandchildren or my adult children will allow me to live with them, I will stay here in New Zealand but if not, I really don't like to go to the rest home. I will go back to the Philippines, I still have my sister and her family there. (Aida)

Negotiating readiness and acceptance

The majority of older Filipinos expressed a sense of acceptance and negotiated readiness to fit in with available everyday common living and care arrangement options for older people in New Zealand. For example, Dina came to terms with the reality of late-life living and care arrangements and identified the potential or hypothetical situation should she need to live and be cared for in an aged care facility. Another participant, Lina shares the same view as Dina about her current living arrangements and identifies a particular situation she experienced as an example that could compromise her safety when living alone, which also made her more than willing to live in an aged care facility. Older Filipinos identified that a decrease in cognitive ability and or a compromised personal safety as their primary influencing factors, which would convince them to consider living in an aged care facility:

I know a Filipino lady, with dementia, she is [name] 's wife. *She was in a rest home in [place] and he goes there every day. So I think that will happen to me because my*

husband died many years ago and we didn't have children. And right now I think I got dementia or something similar, I hope not. When I went to the doctor she asked me 'You still know your birth year? Well you are alright. If you forgot your date of birth, that's very bad, my GP told me. I laughed and at the same time I realised where I will be heading. So yah, I think I'm going to end up in a rest home. (Dina)

I am getting very forgetful, one day I forgot that I am cooking and burnt my food, luckily the alarm went off. When I get 'ulyanin' [senile] or they call it here dementia, isn't it? It will be better for me to go to the rest home, I supposed I do not have to cook there? (Lina)

Acceptance and readiness towards late-life living and care arrangements in New Zealand aged care facilities were noted through older Filipinos' wishes to maintain traditional practices and upholding Filipino spiritual and cultural beliefs. One participant, an older Filipino man, expressed that for him to be ready for aged care facility living, he would need to know who will most likely look after him every day and he would like still to eat familiar Filipino food:

As long as they won't hinder me from attending and going to church I will be fine in a nursing home. I attend church every Sunday and I hope rest-home staff will respect that if I get to live in their rest home, and I do not know, do they have chapels or prayer rooms in there? (Martha)

I will go to a rest-home which has many Filipino staff, I know Filipinos are everywhere especially here in [place], and for me I will be happy to see a Filipino nurse so that I can easily call or express myself if the Kiwis do not understand me. Also, as long as they allow me to eat rice and I can still have my favourite dishes. You know some of the Kiwi meals, these are salads and sandwiches - those are light meals for us, maybe we eat them for snack, but you know for us Filipinos, you know how we eat rice every-day, in fact every meal. (Juan)

The participants who preferred to return to the Philippines expressed a readiness to reunite with their birth country and re-embrace the culture they grew up with. These aspirations were delved from a deeply-embedded personal vow (panata) to themselves, in the testimonies of these older Filipinos:

I will die where I was born, although all of my children are here already, when the time comes I will be more at peace I think when I die in a familiar environment.
(Mario)

Discussion

The findings from this study identified the preferred living and care arrangements of older Filipinos in New Zealand. Additionally, they described certain hypothetical situations that would influence their future readiness and acceptance for living in residential aged care. This is the first New Zealand-based study focusing on older Filipino immigrants' preferred late-life living and care arrangements.

The majority of participants were accepting and willing to live in a residential aged care facility when they could no longer manage independently in their own homes. However, older Filipinos' comments about residential aged care living suggested a lack of knowledge and awareness about the services provided by these facilities. These impressions of late-life living and care arrangements in aged care facilities was based on anecdotal stories they had heard. For example, some participants thought that you needed to be 'rich' to be able to live in residential aged care. This willingness to live in residential care is contrary to many views of late-life immigrants who prefer to live with adult children when they can no longer live on their own (Angel, Angel, & Markides, 2000).

In this study, older Filipinos had all experienced new realities of ageing within New Zealand society. This most likely contributed to their open-mindedness towards living in residential aged care facilities. This finding mirrors that of older Taiwanese living in the US, who as part of the acculturation process have accepted that they may need to live in a residential aged care facility, rather than with their family, when no longer able to live on their own (Chiang-Hanisko, 2010). However for some participants, they preferred to return to the Philippines and negatively expressed an ambivalence toward living in a residential care facility. Participants' rejection of future residential aged care admission were largely due to concerns about the quality and cultural appropriateness of care they would receive from care providers. Such reactions may be due to a lack of familiarity, understanding and exposure to these environments, as evidenced by McCaffrey's (2008) research with older Haitians' integration in their host societies.

The cohort of older Filipinos who expressed resistance to living separately in aged care facilities showed a preference towards culturally-oriented and familial caregiving in old age.

Similar responses patterns have been reported in other older immigrant groups suggesting preference to caregiving options in old age, which are closely connected to individual cultural values and identity (Martinsson, Edberg, & Janlöv, 2013; Lai, 2005). When such familial caregiving expectations could not be foreguided in the adopting country, going back to the Philippines was the most viable option. Moreover, previous research revealed that older immigrants have always considered living and spending the remaining days in their birth country (Bray et al., 2015). Older Filipino immigrants' views of residential aged care in New Zealand resonates with Hispanic older immigrants in the United States in terms of their preference towards residential aged care homes as 'places of last resort' in deciding where to live in advanced age (Johnson et al., 1997).

Many participants did not fully understand the different types of residential aged care living or the associated levels of care provided in residential aged care facilities. With the exception of the Philippines, living in a residential aged care facility is becoming more accepted for older people when they can no longer live independently in other Asian countries like Japan, South Korea and China (Kim & Kim, 2004). However, in the Philippines, the equivalent of residential aged care facilities, are viewed as charitable homes for the older people, providing services to the orphaned or those who have been abandoned and have no family. Consequently, the notion of residential aged care living contradicts Filipinos' (living in the Philippines) distinct cultural values of close family ties and associated filial expectations (de Guzman et al., 2012).

The current study identified a general acceptance towards living in aged residential care, fuelled by participants anticipating what their future care needs would be and realising the importance of having access to appropriate care when no longer able to manage at home. Integral to negotiating readiness and acceptance toward living in residential aged care facilities, older Filipinos in this study were clear that the expression of their spiritual and cultural practices should not be compromised. Older Filipinos spoke hypothetically and specifically that cognitive decline would be the primary reason for agreeing to be admitted to a residential aged care facility. Similar findings were observed among older Japanese in the United States, where the majority of participants identified cognitive decline over any other form of disability as the main reason for nursing home admission (McCormick et al., 2002).

Older Filipinos' lack of understanding about the residential aged care system in New Zealand potentially triggered some anxiety and misconceptions that living in residential aged care

facilities would hinder their own personal freedom and the ability to engage in their spiritual-cultural practices. These misconceptions could be attributed to the fact that, in residential aged care facilities, older Filipinos will receive care from non-family members within a western model of care. Such notions were also noted among other older Asian immigrants integrating within their host societies (see Chiang-Hanisko, 2010). In addition, older Japanese in the US, preferred Japanese-owned long-term care facilities, suggesting a preference for facilities utilising ethnically/culturally-informed care models (Hikoyeda & Wallace 2001). In New Zealand, Indian and other South Asian ethnic communities are working with residential aged care facilities to ensure they provide culturally appropriate care to older immigrants (Baker, 2014; Davey, Keeling, & Zodgekar, 2010; Coates, 2017).

Older Filipinos wanted reassurance that they would be free to express their cultural and spiritual beliefs. In our study, participants were reassured knowing there were Filipino healthcare workers who could provide care in what would be a new and unfamiliar living environment. This resonates with the findings from a study on older Finnish people living in Sweden regarding their preference towards care provided by health professionals who were familiar with their cultural beliefs (Heikkilä & Ekman 2000). Facilities that ensure the ethnic and cultural needs of residents are catered for result in positive care experiences, promotes trusting relationships and enhances well-being in older people (Radermacher et al., 2009). The availability of private prayer rooms and religiously-oriented infrastructure were considered important by older Filipinos. With most Filipinos and other Asian cultures, living in an environment that allows expression of their own spiritual-cultural beliefs impacts positively on personal well-being (Kimura & Browne, 2009; Lee, 2007).

These findings can be linked to the ecological theory of ageing, which asserts that individuals adapt to their environments as they age or conversely, the environment is manipulated to ensure older people are able to age appropriately (Lawton & Nahemow, 1973). This cohort of older Filipinos' recognised that potential changes to their cognitive and functional abilities associated with the ageing process may result in having to live in an aged care facility. Should older Filipinos' find themselves having to live in a care facility then they would expect the model of care to provide culturally appropriate services. This is important because the care facility becomes their new home. Immigrant groups have differing concepts and value systems of what 'home' means to them, which is important when making decisions regarding where to live in later life (Lewin, 2001).

In summary, the findings from this study assert that all aged care facilities should take an ecological approach to care provision. This approach needs to take into consideration the physical and socio-cultural environments that supports positive ageing for older immigrants.

Limitations

The study was undertaken in an urban metropolis and the perspectives of older Filipinos' living in provincial cities or rural areas have not been sought. In addition, no data were collected from older immigrants' family members, which might have provided a more comprehensive understanding of filial expectations and the tensions that could arise from having a family member living in aged residential care. As Filipinos have immigrated to many other countries in the world, a global study incorporating a number of countries, as well as urban versus rural areas would provide deeper understandings of late-life living and care arrangements in this group.

Conclusion

The Filipino immigrants in this study were part of a growing wave of later-life immigrants arriving and living out their days in New Zealand. The majority of participants identified a willingness to live in a residential aged care facility when they could no longer live independently in their own home. A small number of participants identified they would prefer to spend their late-life in the Philippines, an environment that would be familiar to them and provide culturally relevant care. The study results have implications for service delivery within the New Zealand residential aged care sector. Due to an increasing number of older Filipino immigrants requiring care, residential aged care facilities must ensure their care models meet the needs of this growing group of older people. Globally, migrant destination countries will be increasingly challenged to provide culturally congruent health and late-life care services for older immigrants.

Relevance to Clinical Practice

Concurrent with the demographics of global ageing population, New Zealand shares similar trends with other major migrant destination countries mainly from increasing number of older people from diverse ethnic and cultural background. Healthcare professionals, particularly nurses, require culturally targeted education on various belief systems, food preferences, religious mores and taboos, social customs and familial orientation of the older person living in residential care settings. Nursing staff skill sets in the aged care sector require sensitivity to

older immigrants' health needs without compromising cultural beliefs and practices while living in residential aged care facilities.

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TABLE

Table 1. Profile

Participant Profile

Gender	Male	7
	Female	8
Age	60-64 years old	4
	65 years old and over	11
Years of Residence	More than 30 years	1
	20-30 years	4
	10-19 years	10
Age at immigration	Late 50s to mid-60s	8

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